# EDDIE TREVINO, JR.

SEMI-ANNUAL REPORT JANUARY 15, 2025

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

| The C/OH Instruction          | Guide explains how to complete this form.  | 1 Fifer ID (Ethics Commission Filers)   | 2 Total pages filed:   |
|-------------------------------|--|---|--|
| 3 CANDIDATE /<br>OFFICEHOLDER | MS/MRS/MR FIRST Wr. Faiborda   | Mi                                      | OFFICE USE ONLY  |
| NAME                          | NICKNAME LAST  | SUFFIX                                  | Date Received  |
|                               | Eddie Trevino  |   | CAMERON COUNTY DEPARTMENT OF ELECTIONS &   |
| 4 CANDIDATE/                  |  | CITY; STATE; ZIP CODE                   | VOTER REGISTRATION   |
| OFFICEHOLDER                  | 2200 Boca Chica Blvd., Ste 103   | 2 Brownsville Tx                        | LAND A C TOOC  |
| MAILING<br>ADDRESS            | 78521  |   | JAN 15 2025  |
| Change of Address             |  | !                                       | " RECE <b>T</b> ED   |
| 5 CANDIDATE/                  | AREA CODE PHONE NUMBER   | EXTENSION                               | Main Rand de Moreg or Barg Padinaryego   |
| OFFICEHOLDER<br>PHONE         | (956 ) 554-0683  | Sy                                      | recognización communication de la constitución de l |
| 6 CAMPAIGN                    | MS / MRS / MR FIRST  | MI                                      | Receipt # Amount \$  |
| TREASURER<br>NAME             |  | • | Date Processed   |
| -                             | NICKNAME LAST  | SUFFIX                                  | Date Imaged  |
|                               |  |   |  |
| 7 CAMPAIGN                    | STREET ADDRESS (NO PO BOX PLEASE); APT / SU  | UITE #; CITY;                           | STATE; ZIP CODE  |
| TREASURER<br>ADDRESS          | 165 Calle Jacaranda  | Brownsville                             | Tx 78520   |
| (Residence or Business)       |  |   |  |
| 8 CAMPAIGN                    | AREA CODE PHONE NUMBER   | EXTENSION                               |  |
| TREASURER<br>PHONE            | (956) 554-0683   |   |  |
|                               | ( 000 ) 007 0000   |   |  |
| 9 REPORT TYPE                 | January 15 30th day before el  | election Runoff                         | 15th day after campaign treasurer appointment (Officeholder Only)  |
|                               | July 15 8th day before elec  | Exceeded Modified Reporting Limit       | Final Report (Attach C/OH - FR)  |
| 10 PERIOD<br>COVERED          | Month Day Year   | Month                                   | Day Year   |
| COVERED                       | 7 / 1 / 24   | THROUGH 12                              | / 31 / 24  |
| 11 ELECTION                   | ELECTION DATE  | ELECTION TYPE                           |  |
|                               | Month Day Year Primary   | Runoff Other Description                |  |
|                               | General  | Special                                 |  |
| 12 OFFICE                     | OFFICE HELD (if any)   | 13 OFFICE SOUGHT (if known)             | )  |
|                               | Cameron County Judge   |   |  |
| 14 NOTICE FROM<br>POLITICAL   | THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS AT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIR | MAY HAVE BEEN MADE WITHOUT THE CAND     | DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR  |
| COMMITTEE(S)                  | COMMITTEE TYPE   COMMITTEE NAME  |   |  |
|                               | GENERAL COMMITTEE ADDRESS  |   |  |
| Additional Pages              | SPECIFIC COMMITTEE CAMPAIGN TREA   | ASURER NAME                             |  |
|                               | I home   |   |  |
|                               | COMMITTEE CAMPAIGN TRE   | ASURER ADDRESS                          |  |
|                               |  |   |  |
|                               | GO TO I  | PAGE 2                                  |  |

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 2

| CAIVITAIG                          | N FINANCE REPORT   |   |
|------------------------------------|--|---|
| 15 C/OH NAME<br>Eddie Trevino, Jr. |  | 16 Filer ID (Ethics Commission Filers)      |
| 17 CONTRIBUTION<br>TOTALS          | TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS     PLEDGES, LOANS, OR GUARANTEES OF LOANS     CONTRIBUTIONS MADE ELECTRONICALLY) | · • • • • • • • • • • • • • • • • • • •     |
|                                    | TOTAL POLITICAL CONTRIBUTIONS     (OTHER THAN PLEDGES, LOANS, OR GUARANTE  | \$ 189,750.00                               |
| EXPENDITURE<br>TOTALS              | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.   | \$  |
|                                    | 4. TOTAL POLITICAL EXPENDITURES  | \$ 6,000.00                                 |
| CONTRIBUTION<br>BALANCE            | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED OF REPORTING PERIOD  | * 244,641.96                                |
| OUTSTANDING<br>LOAN TOTALS         | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDIN LAST DAY OF THE REPORTING PERIOD  | \$ 70,000.00                                |
| Dengruo                            | which, witness my hand and seal of office.   | this the 15th day of January.               |
| Signature of officer administe     | ring oath Printed name of officer administering oath  OR   | Title of bifficer administering oath        |
| (2) Unsworn Declaration            | on   |   |
| My name is                         | , and my   | date of birth is                            |
| My address is                      |  | ······································      |
| Executed in                        | (street) (cit<br>County, State of , on the   | ty) (state) (zip code) (country) day of, 20 |
|                                    |  | (month) (year)                              |
|                                    | Sign   | ature of Candidate/Officeholder (Declarant) |

# **SUBTOTALS - C/OH**

# FORM C/OH COVER SHEET PG 3

| 19<br>E( | FILER NAME<br>ddie Trevino, Jr.  | 20 Filer ID (Ethics Co. | mmiss | sion Filers)       |
|----------|--|-------------------------|-------|--------------------|
| 21       | SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE                                   |                         |       | SUBTOTAL<br>AMOUNT |
| 1.       | ■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                          |                         | \$\$  | 189,750.00         |
| 2.       | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS              |                         | \$    | 3,553.43           |
| 3,       | SCHEDULE B: PLEDGED CONTRIBUTIONS  |                         | \$    |                    |
| 4.       | ■ SCHEDULE E: LOANS  |                         | \$    | 70,000.00          |
| 5.       | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO               | NTRIBUTIONS             | \$    | 6,000.00           |
| 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 FUN                | NDS                     | \$    |                    |
| 10.      | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A               | BUSINESS OF C/OH        | \$    |                    |
| 11.      | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO            | NTRIBUTIONS             | \$    |                    |
| 12.      | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT<br>TO FILER | IONS RETURNED           | \$    |                    |

| Guillermo  Hilda S. Le  Contributor a  25710 Eagl  Principal occupation / Job title (Surveyors)  Date  Full name of John W. Hu  Contributor a  3014 Fairwa | Sosa Quintanilla  address; City; bon Ave Harlingen  (See Instructions)  f contributor  | State: Zip Code Tx 78550  9 Employer (See Instruction Ethos Engineering)  PAG (ID#)  State: Zip Code Tx. 77389-3810  Employer (See Instruction RODS Surveying, | Amount of contribution (\$) \$5,000.00  |
|--|--|--|---|
| Guillermo 6 Contributor 3818 Bourl 8 Principal occupation / Job title of Engineer Date Full name of Hilda S. Le Contributor a 25710 Eagl Principal occupation / Job title (Sourveyors)  Date Full name of John w. Hu Contributor a 3014 Fairwa   | Sosa Quintanilla  address; City; bon Ave Harlingen  (See Instructions)  f contributor  | State: Zip Code Tx 78550  9 Employer (See Instruction Ethos Engineering)  PAG (ID#   | \$1,000.00  ctions)  ng  Amount of contribution (\$)  \$5,000.00  ctions)  , Inc. |
| 6 Contributor 3818 Bourl 8 Principal occupation / Job title ( Engineer  Date Full name of Hilda S. Le Contributor a 25710 Eagl  Principal occupation / Job title (S Gurveyors  Date Full name of John w. Hu Contributor a 3014 Fairwa  | address, City; bon Ave Harlingen  (See Instructions)  f contributor                    | State: Zip Code Tx 78550  9 Employer (See Instruction Ethos Engineering)  PAG (ID#   | Amount of contribution (\$) \$5,000.00  |
| Engineer  Date Full name of Hilda S. Le Contributor a 25710 Eagl  Principal occupation / Job title (Sourveyors)  Date Full name of John w. Hu Contributor a 3014 Fairway   | F contributor  | Ethos Engineerin  PAG (ID#)  State; Zip Code Tx. 77389-3810  Employer (See Instruc RODS Surveying,   | Amount of contribution (\$) \$5,000.00  stions) , Inc.                            |
| 7/1/2024 Hilda S. Le Contributor a 25710 Eagl  Principal occupation / Job title (S Burveyors  Date Full name of John w. Hu Contributor a 3014 Fairwa   | ase address; City: le Chase Ln. Spring See Instructions) contributor □ oul-of-state Pa | State; Zip Code Tx. 77389-3810  Employer (See Instruc RODS Surveying,  | \$5,000.00<br>ctions)<br>, Inc.   |
| Principal occupation / Job title (Sourveyors  Date Full name of John w. Hu  Contributor a 3014 Fairwa  | address; City:  Ie Chase Ln. Spring  See Instructions)  contributor □ oul-of-state P.  | State; Zip Code Tx. 77389-3810  Employer (See Instruc RODS Surveying,  | tions)<br>, Inc.  |
| Date Full name of John w. Hu Contributor a 3014 Fairwa   | contributor 🔲 oul-of-state P.  | RODS Surveying,  | , Inc.  |
| John w. Hu Contributor a 3014 Fairwa   |  | 'AC (ID#:)   | Amount of contribution (S)  |
| 3014 Fairw   | *************************  |  |   |
|  |  | State; Zip Code<br>d Tx. 77478-4025  | \$ 500.00<br>5  |
| Principal occupation / Job title (S<br>Engineer  | ee Instructions)   | Employer (See Instruct JWH & Associates  |   |
| Date Full name of c  | ☐ out-oi-state PA  | AG (ID#:)  | Amount of contribution (\$)   |
| Contributor ac<br>20410 Tejas  |  | State; Zip Code<br>io Tx 78257   | \$2,500.00  |
| <br>  Principal occupation / Job title (Se<br>  <b>ngineer</b>   | e Instructions)  | Employer (See Instructi<br>Camacho & Herna   |   |

#### SCHEDULE A1

| 7                           | The Instruction Guide explains how to complete t                        | his form.                                   | 1 Total pages Schedule A1:            |
|-----------------------------|---|---|---------------------------------------|
| 2 FILER NAI<br>Eddie Tre    |   |   | 3 Filer ID (Ethics Commission Filers) |
| 4 Date                      | 5 Full name of contributor out-of-state #                               | PAC (ID#)                                   | 7 Amount of contribution (\$)         |
| 7/3/2024                    | 6 Contributor address; City;  | State; Zip Code                             | \$1,000.00                            |
|                             | 17312 Cheveyo CV College S  | tation, Tx 77845                            |                                       |
| 8 Principal of<br>President | ccupation / Job title (See Instructions)                                | 9 Employer (See Instruc<br>Americus Holding | itions)                               |
| Date                        | Full name of contributor  | AC (ID#)                                    | Amount of contribution (\$)           |
| 7/3/2024                    | Rigoberto Villarreal  Contributor address; City:                        | State; Zip Code                             | \$5,000.00                            |
|                             | 1405 Pamela Dr. Mission   | Tx, 78572                                   |                                       |
| Principal occ<br>onsultant  | cupation / Job title (See Instructions)                                 | Self employe                                |                                       |
| Date 7/4/2024               | Full name of contributor out-of-state Parameter Andrew Americus Schatte | AC (ID#)                                    | Amount of contribution (\$)           |
| 7-17 <b>2.</b> Oz. T        | Contributor address; City; 5330 Montrose Blvd Houston                   | State; Zip Code Tx 77005                    | \$1,000.00                            |
| Principal occ               | eupation / Job title (See Instructions)                                 | Employer (See Instruct Americus Ho          |                                       |
| Date                        | Full name of contributor  | C (ID#:)                                    | Amount of contribution (S)            |
| 4/2024                      | Contributor address; City: 5101 Laguna Blvd South Pad                   | State; Zip Code<br>re Tx 78597              | \$1,000.00                            |
|                             |   |   |                                       |

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 1/1/2024

|                                     |  | 1200-140          |                              |  | 1 Total pages Schedule At:            |
|-------------------------------------|--|-------------------|------------------------------|--|---------------------------------------|
| 4 Date                              |  |                   |                              |  | 3 Filer ID (Ethics Commission Filers) |
|                                     | 5 Full name of contributor                     |                   | 7 Amount of contribution (S) |  |                                       |
| ,                                   | 6 Contributor address;<br>104 E. Lark Ave      | City; McAllen     | State;                       | Zip Code<br><b>78504</b>                               | \$5,000.00                            |
| 8 Principal occup<br>Engineer/Pre   | pation / Job title (See Instructions<br>Sident | s)                | •                            | ployer (See Instruc<br>Consulting E                    | <br>ctions)<br>Engineers, LLC.        |
| Date 7/5/2024                       | Full name of contributor Philip Friedman       | Out-of-state PAC  | (iD#:                        | )  | Amount of contribution (\$)           |
|                                     | Contributor address;<br>170 S. Roman Rd.       | city:<br>Bayview  | State;                       | Zip Code<br>78566                                      | \$1,000.00                            |
| Principal occupa<br>Restaurant Ov   | ition / Job title (See Instructions)<br>WNET   |                   | Empl<br>Self                 | oloyer (See Instruc                                    | l<br>tions)                           |
| Date 7/5/2024                       | Full name of contributor Brian A. Godinez      | Dut-of-state PAC  | {ID#`                        |  | Amount of contribution (\$)           |
|                                     | Contributor address;<br>403 N. 5th St.         | city;<br>McAllen  | State;                       | Zip Code<br><b>78504</b>                               | \$2,500.00                            |
| Principal occupat<br>Chief Marketir | tion / Job title (See Instructions) ng Officer |                   | -                            | <br> loyer (See Instruct<br> <br>  <b>  Architects</b> | tions)                                |
| Date 15/2024                        | Full name of contributor  M. Daniel Bryant     | aut-of-state PAC  | (ID#:                        | )  | Amount of contribution (\$)           |
|                                     | Contributor address; O Box 2460                | City; South Padre |                              | Zip Code<br>78597                                      | \$ 1,000.00                           |
| Principal occupati<br>EO            | ion / Job title (See Instructions)             |                   | -                            | oyer (See Instruct<br>Industrial Se                    |                                       |

| т                           | he Instruction Guide explains how to complete this | is form.                                | 1 Total pages Schedule A1:            |
|-----------------------------|--|---|---------------------------------------|
| 2 FILER NAM<br>Eddie Trevi  |  |   | 3 Filar ID (Ethics Commission Filers) |
| 4 Date                      | 5 Full name of contributor                         | AC (ID#:)                               | 7 Amount of contribution (\$)         |
| 7/5/2024                    | 6 Contributor address; City;                       | State; Zip Code                         | \$2,500.00                            |
| · -                         | 4307 N. 22nd St. Ste B McAllen                     | Tx 78504                                |                                       |
| 8 Principal oc<br>Surveyors | ccupation / Job title (See Instructions)           | 9 Employer (See Instruc                 | ations)                               |
| Date 7/5/2024               | Full name of contributor                           | C (ID#)                                 | Amount of contribution (\$)           |
| /3/2024                     | Contributor address; City;                         | State; Zip Code                         | \$7,500.00                            |
|                             | 26058 Live Oak Mission                             | Tx 78574                                |                                       |
| Principal occi<br>Engineer  | rupation / Job title (See Instructions)            | Employer (See Instruc                   | :tions)                               |
| Date<br>1/5/2024            | Full name of contributor                           | C (ID#)                                 | Amount of contribution (\$)           |
|                             | Contributor address; City;                         | State; Zip Code                         | \$1,000.00                            |
|                             | PO Box 690287 San Antonio                          | Tx 78269                                |                                       |
| Principal occu<br>Enginee   | upation / Job title (See Instructions)             | Employer (See Instruct                  | tions)                                |
| Date /5/2024                | Full name of contributor                           | C (ID#:)                                | Amount of contribution (\$)           |
| · .                         | Contributor address; City:                         | State; Zîp Code                         | \$1,000.00                            |
|                             | 110 East Lantana South Padre                       | Tx. 78597                               |                                       |
|                             | npation / Job title (See Instructions)  manager    | Employer (See Instruct<br>Beach Park at | t Isla Blanca                         |
|                             |  |   |                                       |

| Th  | ne Instruction Guide explains how to complete th   | is form.   | 1 Total pages Schedule A1:              |  |
|---|--|--|---|--|
| 2 FILER NAM                                     |  |  | 3 Filer ID (Ethics Commission Filers    |  |
| Eddie Tre                                       | vino, Jr.  |  |   |  |
| 4 Date  | 5 Full name of contributor out-of-state Pr   | AC (ID#  | 7 Amount of contribution (\$)           |  |
| 7 (O (O O O A                                   | Winstead PAC   |  |   |  |
| 7/8/2024  | 6 Contributor address; City;   | State; Zip Code  | \$1,000.00                              |  |
|   | 2728 North Harwood St. Ste 500 D   | allas, Tx 75201  |   |  |
| 8 Principal occ                                 | cupation / Job title (See Instructions)  | 9 Employer (See Instru   | uctions}                                |  |
| Attorneys                                       |  |  |   |  |
| Date  | Full name of contributor oul-of-state PA   | IC (ID#  | Amount of contribution (\$)             |  |
| 7/8/2024  | Nextdecade Corporation, PAC  |  | ,                                       |  |
| 70,202.   | Contributor address; City;   | State; Zíp Code  | \$1,000.00                              |  |
|   | 1000 Louisiana St. Ste 3900 Hous   | ston Tx 77002  |   |  |
|   | upation / Job title (See Instructions) evelopment  | Employer (See Instru   | uctions)                                |  |
|   |  |  |   |  |
| Date  | Full name of contributor out-of-state PAG Blue Marlin a division of Meschi's I   | c (lo#)<br>Minimax, Inc.   | Amount of contribution (\$)             |  |
|   |  | Minimax, Inc.<br>State; Zip Code   | Amount of contribution (\$)             |  |
| 7/8/2024 Principal occu                         | Blue Marlin a division of Meschi's I  Contributor address; City; 2912 Padre Blvd South Padre  pation / Job title (See Instructions)                                    | Minimax, Inc.<br>State; Zip Code   | \$1,000.00                              |  |
| 7/8/2024 Principal occu                         | Blue Marlin a division of Meschi's I  Contributor address; City; 2912 Padre Blvd South Padre  Pation / Job title (See Instructions) et Owner                           | Minimax, Inc.  State; Zip Code  Tx 78597  Employer (See Instru                                 | \$1,000.00                              |  |
| 7/8/2024 Principal occu Supermarke              | Blue Marlin a division of Meschi's I  Contributor address; City; 2912 Padre Blvd South Padre  Pation / Job title (See Instructions) et Owner  Full name of contributor | Minimax, Inc.  State; Zip Code Tx 78597  Employer (See Instru Self                             | \$1,000.00  Amount of contribution (\$) |  |
| Principal occu<br>Supermarke<br>Date<br>/8/2024 | Blue Marlin a division of Meschi's I  Contributor address; City; 2912 Padre Blvd South Padre  Pation / Job title (See Instructions) et Owner  Full name of contributor | Minimax, Inc.  State; Zip Code  Tx 78597  Employer (See Instru  Self  C (ID#)  State; Zip Code | \$1,000.00  Amount of contribution (\$) |  |

| T.                           | he instruction Guide explains he                            | ow to complete ti | his form.                           | 1 Total pages Schedule A1:            |
|------------------------------|---|-------------------|-------------------------------------|---------------------------------------|
| 2 FILER NAM<br>Eddie Trev    |   |                   |                                     | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 7/8/2024              | 5 Full name of contributor<br>Esparza & Garza, LL           |                   | PAC (ID#                            | 7 Amount of contribution (S) \$500.00 |
|                              | 6 Contributor address; 964 E. Los Ebanos E                  |                   | State: Zip Code<br>sville Tx 78520  | , pool.00                             |
| 8 Principal occ<br>Attorneys | ccupation / Job title (See Instruction                      | .s)               | 9 Employer (See Inst                | tructions)                            |
| Date 7/10/2024               | Full name of contributor Republic Services, In              |                   | PAC (ID#                            | Amount of contribution (S)            |
| // I U/ L U L                | Contributor address;<br>18500 North Allied Wa               | City;             | State; Zip Code<br>AZ 85054         | \$2,500.00                            |
|                              | rupation / Job title (See Instructions<br>nagement Services | .)                | Employer (See Inst                  | ructions)                             |
| Date 8/5/2024                | Full name of contributor Tomas A. Canales                   | out-of-state PA   | PAC (ID#:) Amount of contribution ( |                                       |
|                              | Contributor address; PO Box 458                             | city;<br>Edinburg | State; Zlp Code<br>Tx 78540         | \$2,500.00                            |
| Principal occu<br>Contractor | upation / Job title (See Instructions)                      | )                 | Employer (See Instr<br>Dampco, LLC. | ructions)                             |
| Date<br>8/5/2024             | Full name of contributor Atlas, Hall & Rodrigue             |                   | AC (ID#:                            |                                       |
|                              | Contributor address; PO Box 3725                            |                   | State; Zip Code Tx 78502            | \$1,000.00                            |
| Principal occup              | I<br>upation / Job title (See Instructions)                 |                   | Employer (See Instr                 | ructions)                             |
|                              |   |                   |                                     |                                       |

| Т                         | he Instruction Guide explains how to complete thi          | s form.                                   | 1 Total pages Schedule A1:            |
|---------------------------|--|---|---------------------------------------|
| 2 FILER NAM               |  |   | 3 Filer ID (Ethics Commission Filers) |
| Eddie Tre                 | vino, Jr.  |   |                                       |
| 4 Date<br>3/5/2024        | 5 Full name of contributor                                 |   | 7 Amount of contribution (\$)         |
|                           | 6 Contributor address; City;                               | State; Zip Code                           | \$2,500.00                            |
|                           | PO Box 17428 Austin  | Tx 78760                                  |                                       |
| Principal oc<br>Attorneys | ccupation / Job title (See Instructions)                   | 9 Employer (See Instruc                   | futions)                              |
| Date /5/2024              | Full name of contributor □ out-or-state PA                 | C (ID#)                                   | Amount of contribution (\$)           |
| 70.2021                   | Contributor address; City;  1 Greenway Plaza, Ste 225 Hous | State; Zip Code<br>ton, Tx 77046          | \$5,000.00                            |
| Principal occ             | upation / Job title (See Instructions)                     | Employer (See Instruc<br>Dannen Baum E    | ,                                     |
| Date 1/5/2024             | Morgan LaMantia  | C (ID#)                                   | Amount of contribution (\$)           |
|                           | Contributor address; City; 1324 E. Madison Brownsville,    | State; Zip Code                           | \$500.00                              |
| Principal occi            | upation / Job title (See Instructions)                     | Employer (See Instruc<br>L&F Distributors | tions)                                |
|                           |  | (ID#:)                                    | Amount of contribution (S)            |
| Date                      | Nicholas T. Serafy, Jr.                                    |   |                                       |
|                           |  | State; Zip Code                           | \$2,500.00                            |
| Date<br>6/2024            |  |   | \$2,500.00                            |

#### SCHEDULE A1

| 8/12/2024                             | Full name of contributor  A&I Custom Manufact      | turing, LLC | AC (ID#                           | 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) |
|---------------------------------------|--|-------------|-----------------------------------|---|
| 8/12/2024                             | A&I Custom Manufact                                | turing, LLC | VC (ID#                           | 7 Amount of contribution (\$)                                       |
| 4                                     |  |             |                                   | !   |
| 3 Principal occupat                   | Jor Martina ING.                                   |             | State; Zip Code<br>ille, Tx 78526 | \$2,500.00  |
| Construction                          | ion / Job title (See Instructions)                 |             | 9 Employer (See Instru            | <br> ctions   |
| Date 8/12/2024 H                      | Full name of contributor DR, Inc Employee Ow       | vners PAC   | C (ID#)                           | Amount of contribution (a)  |
|                                       | Contributor address:                               | City;       | State; Zip Code<br>NE 68106       | \$1,000.00  |
| Principal occupation                  | on / Job title (See Instructions)                  |             | Employer (See Instru              | ctions)   |
| Date A A                              | Full name of contributor<br>ntonio (Tony) Martine; | Z           | C (ID#)                           | Amount of contribution (S)  |
|                                       | Contributor address;<br>55 E. Harrison St. B       | City;       | State; Zip Code                   | \$1,000.00  |
| Principal occupation Attorney         | n / Job title (See Instructions)                   |             | Employer (See Instruc<br>Self     | ztions)   |
|                                       | Samuel D. Maldonado                                |             | G (ID#:)                          | Amount of contribution (\$)   |
| l .                                   | Contributor address;                               | City;       | State; Zip Code                   | \$1,000.00  |
| 223                                   | 36 Arlina Drive Ed                                 | dinburg     | Tx 78542                          |   |
| Principal occupation<br>ngineer/Surve | n / Job title (See Instructions)  YOF              |             | Employer (See Instruc<br>Self     | itions)   |

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 1/1/2024

| TI                             | he Instruction Guide explains how to complete th          | is form.                                   | 1 Total pages Schedule A1:            |
|--------------------------------|---|--|---------------------------------------|
| 2 FILER NAM<br>Eddie Trev      |   |  | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br>8/19/2024            |   | AC (ID#)                                   | 7 Amount of contribution (\$)         |
| 3/ 18/2U2 <del>4</del>         | 6 Contributor address; Gity, 21434 Retama Rd. Harligen,   | State; Zip Code<br>Tx 78550                | \$2,500.00                            |
| 8 Principal occ<br>Attorney    | Cupation / Job title (See Instructions)                   | 9 Employer (See Instruc                    | ctions)                               |
| Date 8/19/2024                 | Full name of contributor                                  | C (ID#)                                    | Amount of contribution (S)            |
| 0, 10, 202 .                   | Contributor address; City: 44 Creekbend Dr. Brownsvil     | State; Zip Code<br>le Tx 78521             | \$1,000.00                            |
| Principal occu<br>Regional VF  | upation / Job title (See Instructions) P-S.Texas          | Employer (See Instruc<br>The Broaddus Co   |                                       |
| Date 3/19/2024                 | Full name of contributor                                  | C (IO#:)                                   | Amount of contribution (\$)           |
| // 1                           | Contributor address; City; 155 Calle Jacaranda Brownsvill | State; Zip Code<br>le Tx 78520             | \$1,666.00                            |
| Principal occu<br>Financial Ac | pation / Job title (See Instructions)                     | Employer (See Instruc<br>GEF Financial Gro |                                       |
| Date                           | Full name of contributor Out-of-state PAC                 | S (ID#:)                                   | Amount of contribution (S)            |
| 3/19/2024                      |   | State; Zip Code                            | \$834.00                              |
| 3/19/2024                      | Contributor address; City: 1540 Los Sabales Brownsville   | Tx 78520                                   |                                       |

| 2 FILER NAME                    | Instruction Guide explains i                              |                          |              |                                       |                                       |
|---------------------------------|---|--------------------------|--------------|---------------------------------------|---------------------------------------|
|                                 |   | is form.                 | _            | 1 Total pages Schedule A1:            |                                       |
| Eddie Trevino, Jr.              |   |                          |              |                                       | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br>8/19/2024             | 5 Full name of contributor<br>Evelyn C. Castillo          | Out-of-state Pa          |              |                                       | 7 Amount of contribution (\$)         |
|                                 | 6 Contributor address;<br>3313 Hummingbird                | City;                    | State        | Zip Code                              | \$1,000.00                            |
| 8 Principal occup<br>Consultant | pation / Job title (See Instructio                        | ns)                      |              | nployer (See Instru<br><b>nfinder</b> | ctions)                               |
| Date<br>8/19/2024               | Full name of contributor  Joseph F. Phillips              | Out-of-state PA          |              |                                       | Amount of contribution (\$)           |
| 5/18/2024                       | Contributor address;                                      | Oity;                    | State        | Zip Code                              | \$1,000.00                            |
|                                 | PO Box 1810   | McAllen                  | Тх           | 78505                                 |                                       |
| Principal occupa  Developer     | ation / Job title (See Instruction                        | s)                       | Self         | ployer (See Instruc                   | ctions)                               |
| 8/19/2024                       | Rene A. Ramirez  Contributor address; 1508 S. Lone Star W | city;<br>/ay Unit 1 Edii | State;       | Zip Code                              | \$5,000.00                            |
| Principal occupa<br>Consultant  | ation / Job title (See Instructions                       | 5)                       | Pathf        | oloyer (See Instruc                   | ztions)                               |
| Date J                          | Full name of contributor  Juan Armando Recio              | out-of-state PAC         | ) (ID#:      |                                       | Amount of contribution (\$)           |
|                                 | Contributor address;<br>2525 Los Portales                 | City:<br>Brownsville     | State;       | Zip Code<br><b>78526</b>              | \$500.00                              |
| Principal occupat<br>Banker     | tion / Job title (See Instructions                        | :}                       | Emp<br>Rio B | oloyer (See Instruction               | tions)                                |

#### 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 NAN<br>Eddie Tre                                  |  |   |                     |                             | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br>8/19/2024                                       | 5 Full name of contributor Amanda Saldana              | out-of-stale P                          |                     |                             | ) 7 Amount of contribution (\$)       |
|   | 6 Contributor address;<br>1303 E. Jackson Ave          | city:<br><b>Pharr</b>                   |                     | Zip Code<br><b>78577</b>    | \$4,000.00                            |
| 8 Principal oc<br>Consultar                               | icupation / Job title (See Instructions)               |   |                     | lloyer (See Inst<br>finder  | ructions)                             |
| Date<br>3/19/2024   | Full name of contributor Enrique Flores                | out-of-state Af                         | AC (ID#:            |                             | Amount of contribution (\$)           |
| J, 10,202.  | Contributor address;<br>1913 Chalk Rock CV             | City;<br>Austin                         | State;<br><b>Tx</b> | Zip Code<br><b>78735</b>    | \$1,000.00                            |
| Principal occu<br>Developer                               | <br>upation / Job title (See Instructions)             | *************************************** |                     | oyer (See Instr             |                                       |
| Date<br>3/19/2024   | Full name of contributor                               |   |                     | Amount of contribution (\$) |                                       |
| )/ 1 <i>0 2</i> 02T                                       | Contributor address; 7805 N. 5th St                    | City;<br>McAllen                        | State;              |                             | \$2,500.00                            |
|   | upation / Job title (See Instructions) venience Stores |   | Emple<br>Self       | oyer (See Instr             | uctions)                              |
| Date /19/2024   | Full name of contributor Reza Badiozzamani             | out-of-state PA(                        | 3 (ID#:             |                             | Amount of contribution (S)            |
| /19/2024  | Contributor address; 2820 Royal Palm Circle            | city;<br><b>McAllen</b>                 |                     | Zip Code<br>78501           | \$5,000.00                            |
|   | ı  |   | Emple               | yer (See Instru             | uctions)                              |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

| Т                                      | The Instruction Guide explains how          | v to complete thi  | s form.  | 1 Total pages Schedule A1:            |
|--|---|--|--|---------------------------------------|
| 2 FILER NAM<br>Eddie Trev              |   |  |  | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 8/5/2024                        | 5 Full name of contributor Carlos Juarez    | out-of-state PAr   | .C (ID#  | 7 Amount of contribution (\$)         |
| 0/0/2024                               | 6 Contributor address;                      | City;  | State; Zip Code  | \$1,000.00                            |
|  | 1334 E. Med Cap Dr.                         | Pharr  | Tx 78577   |                                       |
| 8 Principal oca<br>Engineer            | ccupation / Job title (See Instructions)    |  | 9 Employer (See Instru<br>KCI Engineer Coi   |                                       |
| Date 8/5/2024                          | Full name of contributor  Jacinto Garza     | out-of-state PAC   | C (ID#)  | Amount of contribution (\$)           |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Contributor address; 2100 W. Expy 83        | City:  Mercedes  | State; Zip Code  | \$5,000.00                            |
| Principal occi<br>Engineer             | cupation / Job title (See Instructions)     |  | Employer (See Instru<br>L&G Engineers  |                                       |
| Date 3/5/2024                          | Full name of contributor  John Edge         |  | 2 (10#)  | .) Amount of contribution (S)         |
| 1/3/2024                               | Contributor address;                        | City;  | State; Zip Code  | \$1,000.00                            |
|  | 219 Resaca Bend                             | Rancho \   | Viejo Tx 78575   |                                       |
| Principal occu<br>Car Dealers          | supation / Job title (See Instructions)     |  | Employer (See Instru<br>Self   | rctions)                              |
| Date<br>3/5/2024                       | Full name of contributor Sofia C. Benavides | out-of-state PAC   | : (ID#:)   | ) Amount of contribution (S)          |
| 70,202                                 | Contributor address;                        | City;  | State; Zip Code  | \$250.00                              |
|  | 4090 Retama Dr.                             | Brownsville  | e Tx 78521   |                                       |
| Principal occup<br>Commission          | upation / Job title (See Instructions)      |  | Employer (See Instruc<br>Cameron County  |                                       |
|  |   | Age of the second secon | Angel Armer de Langue de L | -                                     |

| Th                           | he Instruction Guide explains how                | to complete thi               | s form.       |                                  | 1 Total pages Schedule A1:            |
|------------------------------|--|-------------------------------|---------------|----------------------------------|---------------------------------------|
| 2 FILER NAM<br>Eddie Trev    |  |                               |               |                                  | 3 Filer ID (Ethics Commission Filers) |
| 4 Date                       | 5 Full name of contributor<br>Alfonso T. Salazar | out-of-state PAC              | C (ID#        |                                  | 7 Amount of contribution (\$)         |
| ,, o, c                      | 6 Contributor address;<br>414 E. Hickman Ave.    | City:<br>Port Isabel          | State;        | Zip Code<br><b>78578</b>         | \$2,500.00                            |
| Principal occ<br>estaurant   | cupation / Job title (See Instructions) Owner    |                               | 9 Empl        | loyer (See Instruc               | ctions)                               |
| Date                         | Full name of contributor Charles (Trey) Lewis    | out-of-state PAC              | ) (ID#:       | )                                | Amount of contribution (\$)           |
| /5/2024                      | Contributor address; 108 Antler Cir              | City:<br>San Antonio          | State;        | Zìp Code 78232                   | \$500.00                              |
| Principal occu<br>Attorney   | upation / Job title (See Instructions)           |                               |               | oyer (See Instruc<br>on, Rayzor, | Vickery & Williams, LLP               |
| Date /5/2024                 | Full name of contributor<br>Rolando R. Rubiano   |                               |               | Amount of contribution (S)       |                                       |
| , <b>-</b>                   | Contributor address; 518 E. Woodland Dr.         | <sub>City;</sub><br>Harlingen | State;        | Zip Code<br><b>78550</b>         | \$2,500.00                            |
| Principal occu<br>ngineer    | Ipation / Job title (See Instructions)           |                               |               | oyer (See Instruc<br>10 & Associ |                                       |
| Date                         | Full name of contributor Carlos E. Varela        | out-of-state PAC              | (ID#:         |                                  | Amount of contribution (S)            |
| /5/2024                      | Contributor address;<br>104 W. Ringgold          | city:<br>Brownsville          |               | Zip Code<br>78520                | \$1,000.00                            |
| Principal occur<br>Developer | I<br>pation / Job title (See Instructions)       |                               | Emplo<br>Self | i<br>yer (See Instruct           | tions)                                |
|                              |  |                               |               |                                  |                                       |
|                              |  |                               |               |                                  |                                       |
|                              |  |                               |               |                                  |                                       |

| Ti                             | he Instruction Guide explains how to complete th        | nis form.                                | 1 Total pages Schedule A1:            |
|--------------------------------|---|--|---------------------------------------|
| 2 FILER NAM                    | 16  |  | 3 Filer ID (Ethics Commission Filers) |
| Eddie Trev                     | vino, Jr.   |  |                                       |
| 4 Date<br>8/5/2024             | 5 Full name of contributor                              | AC (ID#) State; Zip Code                 | 7 Amount of contribution (S)          |
|                                | 201 S. Bales Rd. Unit 11 McAller                        | n Tx 78503                               |                                       |
| 8 Principal oci<br>Engineers   | cupation / Job title (See Instructions)                 | 9 Employer (See Instru<br>Melden & Hunt  | ctions)                               |
| Date 8/5/2024                  | Full name of contributor                                | AC (ID#:)                                | Amount of contribution (\$)           |
| 0/3/2024                       | Contributor address; City; 4651 San Antonio Rd. Brownsv | State; Zip Code                          | \$500.00                              |
| Principal occi<br>\ttorney     | upation / Job title (See Instructions)                  | Employer (See Instruc<br>Royston, Rayzor | otions)<br>, Vickery & Williams, LLP  |
| Date<br>3/5/2024               | Full name of contributor                                |  | Amount of contribution (S)            |
|                                | i   | State; Zip Code<br>Tx 78521              | \$1,500.00                            |
| Principal occu<br>Attorneys    | цраtion / Job title (See Instructions)                  | Employer (See Instruc                    | ttions)                               |
| Date 8/5/2024                  | Full name of contributor                                | C (ID#:)                                 | Amount of contribution (\$)           |
|                                | Contributor address; City: 5813 Padre Blvd. South Padre | State; Zip Code                          | \$500.00                              |
| Principal occu<br>Realtor/Brol | pation / Job title (See Instructions)                   | Employer (See Instruc                    | tions)                                |
|                                |   |  |                                       |

| If the requ                  | quested information is not applicable, DO NOT                                      | include this page in the         | e report.                             |
|------------------------------|--|----------------------------------|---------------------------------------|
| Т                            | The Instruction Guide explains how to complete th                                  | his form.                        | 1 Total pages Schedule A1:            |
| 2 FILER NAM<br>Eddie Tre     |  |                                  | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 8/5/2024              | SJPA, LLC  | PAC (ID#)                        | 7 Amount of contribution (S)          |
| 0,0,20_                      | 6 Contributor address; City; 510 E. Ramsey Rd Ste 1A San A                         | State; Zip Code                  | \$1,000.00                            |
| 8 Principal oc<br>Architects | occupation / Job title (See Instructions)  | 9 Employer (See Instruc          | ctions)                               |
| Date                         |  | PAC (ID#:)                       | Amount of contribution (S)            |
| 8/5/2024                     | Santander Homes, LLC  Contributor address; City:  5219 McPherson Rd. Laredo        | State; Zip Code<br>Tx 78041      | \$2,500.00                            |
| Principal occ<br>Developme   | cupation / Job title (See Instructions)  ent                                       | Employer (See Instruc            | tions)                                |
| Date 8/5/2024                | Full name of contributor   |                                  | Amount of contribution (\$)           |
|                              | Contributor address; City; 717 N. Expressway 77 Brownsvi                           | State; Zip Code                  | \$1,000.00                            |
| Principal occu<br>Developer  | cupation / Job title (See Instructions)  | Employer (See Instruction Self   | tions)                                |
| Date<br>8/6/2024             | Full name of contributor   | AC (ID#:)                        | Amount of contribution (\$)           |
|                              | Contributor address; City:  245 Calle Jacaranda Brownsvil                          | State; Zip Code<br>ille Tx 78520 | \$1,000.00                            |
| Principal occu<br>Physician  | upation / Job title (See Instructions)   | Employer (See Instruct           | tions)                                |
|                              |  |                                  |                                       |
|                              |  |                                  |                                       |
|                              |  |                                  |                                       |
|                              | ATTACH ADDITIONAL COPIES (<br>If contributor is out-of-state PAC, please see instr |                                  |                                       |

| ד                          | The Instruction Guide explains how t                   | to complete this         | s form.                               | 1 Total pages Schedule A1:            |  |
|----------------------------|--|--------------------------|---------------------------------------|---------------------------------------|--|
| 2 FILER NAME               |  |                          |                                       | 3 Filer ID (Ethics Commission Filers) |  |
| 4 Date                     | 5 Full name of contributor Juan T. Mendez              | out-of-state PA          | C (10#)                               | 7 Amount of contribution (\$)         |  |
| 8/6/2024                   | 6 Contributor address;                                 | City;                    | State; Zip Code                       | \$1,000.00                            |  |
|                            | 611 W. Levee   | Brownsville              | Tx 78520                              |                                       |  |
| 8 Principal of<br>Attorney | ecupation / Job title (See Instructions)               |                          | 9 Employer (See Instru<br><b>Self</b> | ctions)                               |  |
| Date 1/6/2024              | Full name of contributor                               |                          | Amount of contribution (\$)           |                                       |  |
|                            | Contributor address; 21058 Central Blvd.               | City;                    | State; Zip Code Tx 78520              | \$500.00                              |  |
|                            | upation / Job title (See Instructions) and Tax Advisor |                          | Employer (See Instruc                 | <br>ttions)                           |  |
| Date<br>3/6/2024           | John D. Guevara  | vara                     |                                       | Amount of contribution (S)            |  |
|                            | Contributor address;                                   | City;                    | State; Zip Code                       | \$250.00                              |  |
|                            | 3205 Seminole Court                                    | Harlingen                | Tx 78550                              |                                       |  |
| Principal occ<br>Attorney  | upation / Job title (See Instructions)                 |                          | Employer (See Instruc<br>Retired      | tions)                                |  |
| Date 8/6/2024              |  | Full name of contributor |                                       |                                       |  |
|                            | Contributor address; 22 Alvarado Ave.                  | City;                    | State; Zip Code<br>ejo Tx 78575       | \$1,000.00                            |  |
|                            |  |                          | Employer (See Instruc                 | tions)                                |  |
| Principal occu             |  | . [                      | Gomez, Mendez S                       | Saenz Inc                             |  |

| 8/6/2024 Eric 6 0 604 8 Principal occupation Attorney Date F Lillia C 580              | Jr. Full name of contributor ck L. Lucio Contributor address; I Escandon Ave I Job title (See Instructions) Full name of contributor an C. Kim Contributor address; | city;<br>Rancho Vie    | State; Zip Code iejo Tx 78575  9 Employer (See Instruct Self        | 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (S) \$2,500.00 |
|--|---|------------------------|---|---|
| 8/6/2024 Eric<br>6 04<br>8 Principal occupation<br>Attorney  Date F<br>3/6/2024 Eillia | Contributor address; Escandon Ave  / Job title (See Instructions)  full name of contributor an C. Kim   | city;<br>Rancho Vie    | State; Zip Code<br>iejo Tx 78575<br>9 Employer (See Instruc<br>Self | \$2,500.00  |
| 8 Principal occupation Attorney  Date F Lillia C 580                                   | Contributor address;  LESCANDON Ave  Job title (See Instructions)  Full name of contributor  an C. Kim  | Rancho Vi              | ejo Tx 78575  9 Employer (See Instruc<br>Self                       |   |
| 8 Principal occupation Attorney  Date F Lillia C 580                                   | / Job title (See Instructions)  Full name of contributor  an C. Kim   |                        | 9 Employer (See Instruc   | ctions)   |
| Attorney  B/6/2024  580  | full name of contributor<br>an C. Kim   | Oul-of-state PAC       | Self  | uctions)  |
| 8/6/2024 Lillia<br>c<br>580  | an C. Kim   | Out-of-state PAC       | 0 (10#)   |   |
| 580  | ontributor address:   |                        |   | Amount of contribution (S)  |
|  | onumater saurace,   | City;                  | State; Zip Code   | \$1,000.00  |
| Deincipal occupation /   | 6 Acacia  | Harlingen              | Tx 78552  |   |
| /lortgage Broker   | / Job title (See Instructions)  |                        | Employer (See Instruc<br>Key Mortgage                               | L ctions)   |
|  | ull name of contributor   | Out-of-state PAC (ID#) |   | Amount of contribution (\$)   |
| 1  | ontributor address;  3 Hurd Ct. F   | сііу;<br>Harlingen     | State; Zip Code<br>Tx 78552   | \$1,000.00  |
| Principal occupation / Contractor  | Job title (See Instructions)  |                        | Employer (See Instruc<br>Peacock General                            |   |
|  | all name of contributor<br>wnsville Driving Ran   |                        | ; (ID#:)  | Amount of contribution (\$)   |
| Co   | ontributor address;<br>Boca Chica Blvd  |                        | State; Zip Code<br>le Tx 78520                                      | \$1,000.00  |
| Principal occupation / .  Bolf Driving Rang  | Job title (See Instructions)  |                        | Employer (See Instruct  | tions)  |

| T                          | he Instruction Guide explains ho                     | ow to complete thi | s form.                                  | 1 Total pages Schedule A1:            |
|----------------------------|--|--------------------|--|---------------------------------------|
| 2 FILER NAM<br>Eddie Tre   |  |                    |  | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br>8/6/2024         | 5 Full name of contributor<br>Rusty Brechot          |                    | GC (ID#:                                 | 7 Amount of contribution (\$)         |
| 0/0/2024                   | 6 Contributor address;                               | City;              | State; Zip Code                          | \$2,500.00                            |
|                            | 709 Avenida Escando                                  | on Rancho ∖        | /iejo Tx 78575                           |                                       |
| Principal oc<br>Banker     | cupation / Job title (See Instructions               | 3)                 | 9 Employer (See Instru<br>Lone Star Bank | uctions)                              |
| Date<br>3/6/2024           | Full name of contributor Brian A. Godinez            |                    | C (ID#)                                  | Amount of contribution (\$)           |
| 3/0/2027                   | Contributor address;                                 | City;              | State; Zip Code                          | \$1,000.00                            |
|                            | 5403 N. 5th St.                                      | McAllen            | Tx 78504                                 |                                       |
|                            | upation / Job title (See Instructions) eting Officer |                    | Employer (See Instru<br>ERO Architects   | ctions)                               |
| Date                       | Full name of contributor                             | out-of-state PAC   | C (10#)                                  | Amount of contribution (S)            |
| 3/6/2024                   | Cesar Alberto Gonzal                                 | ez                 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  |                                       |
|                            | Contributor address;                                 | City;              | State; Zip Code                          | \$1,000.00                            |
|                            | 124 Country Club Rd.                                 | Brownsville        | Tx 78520                                 |                                       |
| Principal occu<br>Engineer | Jpation / Job title (See Instructions)               |                    | Employer (See Instru<br>Ethos Engineeri  |                                       |
| Date                       | Full name of contributor Ruben M. Torres             | ut-of-state PAC    | (ID#:)                                   | Amount of contribution (S)            |
| /6/2024                    | Contributor address;                                 | City;              | State; Zip Code                          | \$1,000.00                            |
|                            | 701 Morelos Ave                                      | - · ·              | ejo Tx 78575                             | <b>,</b>                              |
| Principal occu             | <br>pation / Job title (See Instructions)            |                    | Employer (See Instruc                    | tions)                                |
| hysician                   |  |                    | Self                                     |                                       |

| 71                                      | he Instruction Guide explains ho  | w to complete th             | is form.              |  | 1 Total pages Schedule A1:            |
|---|---|------------------------------|-----------------------|--|---------------------------------------|
|   |   |                              |                       |  | 22                                    |
| Eddie Trev                              |   |                              |                       |  | 3 Filer ID (Ethics Commission Filers) |
| 4 Date                                  | 5 Full name of contributor  | Out-of-state P4              | C (ID#                |  | 7 Amount of contribution (\$)         |
| 3/6/2024                                | William Bradley Wolf  | е                            |                       |  | \$1,000.00                            |
|   | 6 Contributor address;  | City;                        | State;                | Zip Code                               | Ψ1,000.00                             |
|   | 2012 Palm Blvd  | Browns                       | /ille Tx              | 78520                                  |                                       |
|   | cupation / Job title (See Instructions  | 5)                           |                       | oyer (See Instru                       | ctions)                               |
| usiness O                               | wner  |                              | Self                  |  |                                       |
| Date                                    | Full name of contributor  | out-of-state PA              | C (ID#:               | }                                      | Amount of contribution (\$)           |
| /17/2024                                | Gary E. Meschi  |                              |                       |  | , ,                                   |
|   | Contributor address;  | City;                        | State;                | Zip Code                               | \$1,000.00                            |
|   | 2912 Padre Blvd   | South Padre                  | э Тх                  | 78597                                  |                                       |
| Principal occu<br>Supermark             | ipation / Job titla (See Instructions) set Owner  |                              | Self                  | oyer (See Instru                       | l<br>ctions)                          |
| Date                                    | Full name of contributor  | out-of-state PAC             | C (IO#:               | )                                      | Amount of contribution (S)            |
|   |   |                              |                       |  |                                       |
| 11/13/2024                              | Jaime Lee Gonzalez  |                              |                       |  |                                       |
| 11/13/2024                              | Jaime Lee Gonzalez  Contributor address;  | City;                        | State;                | Zip Code                               | \$2,500.00                            |
| 11/13/2024                              | T   | City;                        | State;                | Zip Code<br><b>78542</b>               | \$2,500.00                            |
| Principal occu                          | Contributor address;  | ·                            | Tx<br>Emplo           |  |                                       |
|   | Contributor address; 4201 Stillwater Cove   | Edinburg                     | Tx<br>Emplo<br>Keller | 78542<br>yer (See Instruc<br>Williams  |                                       |
| Principal occu<br>ealtor<br>Date        | Contributor address; 4201 Stillwater Cove pation / Job title (See Instructions)   | ·                            | Tx<br>Emplo<br>Keller | 78542<br>yer (See Instruc<br>Williams  | ctions)                               |
| Principal occu<br><b>ealtor</b><br>Date | Contributor address; 4201 Stillwater Cove pation / Job title (See Instructions) Full name of contributor                      | Edinburg                     | Tx<br>Emplo<br>Keller | 78542<br>yer (See Instruc<br>Williams  | ctions)                               |
| Principal occu<br><b>ealtor</b>         | Contributor address; 4201 Stillwater Cove pation / Job title (See Instructions)  Full name of contributor  Kane Lindsey, LLC. | Edinburg    out-of-state PAC | Tx Emplo Keller (ID#: | 78542  yer (See Instruction Williams ) | Amount of contribution (\$)           |

| The                            | e Instruction Guide explains how to complete t      | his form.                      | 1 Total pages Schedule A1:            |
|--------------------------------|---|--------------------------------|---------------------------------------|
| 2 FILER NAME<br>Eddie Trevir   |   |                                | 3 Filer ID (Ethics Commission Filers) |
| 4 Date                         | Alberto David Cardenas                              | PAC (ID#)                      | 7 Amount of contribution (\$)         |
| 11/21/2024                     | 6 Contributor address; City; 608 N. 9th St. McAllen | State; Zip Code<br>Tx 78501    | \$5,000.00                            |
| 8 Principal occu<br>Restaurant | Lupation / Job title (See Instructions)  t Owner    | 9 Employer (Sea Instru<br>Self | Ctions)                               |
| Date 11/21/2024                | Carollo Engineers, Inc. PAC                         | State; Zip Code  Mesa CA 92626 | Amount of contribution (\$)           |
| Principal occup<br>Surveyors   | pation / Job title (See Instructions)               | Employer (See Instruc          | i ctions)                             |
| Date 11/21/2024                | Full name of contributor                            |                                | Amount of contribution (\$)           |
|                                | Contributor address; City; PO Box 4830 Edinburg     | State; Zip Code<br>g Tx 78540  | \$2,500.00                            |
| Principal occup<br>Physician/H | pation / Job title (See Instructions)    ealthcare  | Employer (See Instruc          | tions)                                |
| Date 11/21/2024                | Full name of contributor                            |                                | Amount of contribution (\$)           |
| 11/21/200                      | Contributor address; City: 26058 Live Oak Mission   | State: Zip Code<br>Tx 78574    | \$7,500.00                            |
| Principal occupa<br>ngineers   | eation / Job title (See Instructions)               | Employer (See Instruc          | :tions)                               |
|                                |   |                                |                                       |

| The                             | a Instruction Guide explains how to complete t       | this form.                             | 1 Total pages Schedule A1:            |
|---------------------------------|--|--|---------------------------------------|
| FILER NAME<br>Eddie Trevi       |  |  | 3 Filer ID (Ethics Commission Filers) |
| <sup>4</sup> Date<br>11/21/2024 | Victor N Chavez                                      | PAC (ID#)                              | 7 Amount of contribution (\$)         |
|                                 | 6 Contributor address; City;                         | State: Zîp Code                        | \$5,000.00                            |
|                                 | 2821 Pelican Ave McAllen                             | Tx 78504                               |                                       |
| Principal occu<br>Pentist       | pation / Job title (See Instructions)                | 9 Employer (See Instruction Self       | otions)                               |
| Date<br>11/21/2024              | Full name of contributor out-of-state f              | PAG (ID#)                              | Amount of contribution (\$)           |
|                                 | Contributor address; City; 4703 N. 10th St McAllen   | State; Zíp Code<br>Tx 78504            | \$1,250.00                            |
| Principal occup<br>Home Build   | ation / Job title (See Instructions)                 | Employer (See Instruction Rocass Homes | tions)                                |
| Date<br>1/21/2024               | Full name of contributor                             |  | Amount of contribution (\$)           |
| ,                               | Contributor address; City; 2307 Silverado S. Mission | State; Zip Code<br>Tx 78573            | \$5,000.00                            |
| Principal occupi<br>Metabolic C | ation / Job title (See Instructions)<br>Gym Owner    | Employer (See Instruct                 | tions)                                |
|                                 | Full name of contributor                             | AC (ID#:)                              | Amount of contribution (\$)           |
| Date 1/21/2024                  |  |  | <b>#0 F00 00</b>                      |
| Date 1/21/2024                  | Contributor address; City; 5007 N. 9th St McAllen    | State; Zip Code<br>Tx 78504            | \$2,500.00                            |

| ss; City; St. Mc/ nstructions)  ibutor                                    | 3 Filer ID (Ethics  3 Filer ID (Ethics  7 Amount of cont  \$1,500.00  \$1,500.00  \$1,500.00  9 Employer (See Instructions) CEO D. Wilson Construction  PAC (ID#  | ribution (S) ribution (S)               |
|---|---|---|
| ss; City; St. Mc/ nstructions)  ibutor                                    | State; Zip Code  Allen Tx 78504  9 Employer (See Instructions) CEO D. Wilson Construction  PAC (ID#) Amount of cont  State; Zip Code \$5,000.00  ville Tx 78520  Employer (See Instructions) STX Underground  PAC (ID#) Amount of cont  State; Zip Code \$10,000.00 | ribution (S)                            |
| st. Mc/ nstructions)  ibutor  | Allen Tx 78504  9 Employer (See Instructions) CEO D. Wilson Construction  PAC (ID#  |   |
| nstructions)  ibutor  | 9 Employer (See Instructions) CEO D. Wilson Construction  PAC (ID#  |   |
| ibutor  | CEO D. Wilson Construction  Amount of cont  State; Zip Code \$5,000.00  State; Zip Code STX Underground  PAC (ID#   |   |
| nez ss; City; lub Rd. Browns structions) butor                            | State; Zip Code \$5,000.00  ville Tx 78520  Employer (See Instructions) STX Underground  PAC (ID#)  State; Zip Code \$10,000.00   |   |
| ss; City;  lub Rd. Browns: structions)  butor                             | State; Zip Code \$5,000.00  ville Tx 78520  Employer (See Instructions) STX Underground  PAC (ID#   | ribution (S)                            |
| ss; City;  lub Rd. Browns  structions)  butor out-of-state mora  s; City; | State; Zip Code \$5,000.00  ville Tx 78520  Employer (See Instructions) STX Underground  PAC (ID#   | ribution (S)                            |
| butor out-of-state mora  s; City;   | Employer (See Instructions) STX Underground  PAC (ID#) Amount of cont.  State; Zip Code \$10,000.00   | ribution (S)                            |
| butor out-of-state mora s; City;  | PAC (ID#) Amount of cont.  State; Zip Code \$10,000.00  | ribution (S)                            |
| mora  | State; Zip Code \$10,000.00   | ribution (S)                            |
|   |   |   |
|   |   |   |
| structions)   | Employer (See Instructions) Self  |   |
| Full name of contributor out-of-state PAC (ID#)                           |   | ibution (S)                             |
| ilting Engineers, L   |   |   |
| s; City;  |   |   |
| Ave McAllen Texa  | as 78504  |   |
| tructions)  | Employer (See Instructions)   | *************************************** |
|   | city;<br>we McAllen Tex   | ve McAllen Texas 78504                  |

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

#### SCHEDULE A2

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

| TI   | he Instruction Guide explains how to complete this for    | m.                   | 1 Total pages Sched   | lule A2: 2                                  |  |  |
|--|---|----------------------|---|---|--|--|
| 2 FILER NAM                                      |   |                      | 3 Filer ID (Ethics Co   | ommission Filers)                           |  |  |
| Eddie Tre  | evino, Jr.  |                      |   |   |  |  |
| 4 TOTAL O  | F UNITEMIZED IN-KIND POLITICAL CONTRI                     | BUTIONS              | \$  |   |  |  |
| 5 Date   | 6 Full name of contributor ☐ out-of-state PAC (ID#:       | )                    | 8 Amount of<br>Contribution \$  | 9 In-kind contribution<br>description       |  |  |
| 08/05/2024                                       | 7 Contributor address; City; State;                       | Zip Code             | 884.48  | Campaign Event                              |  |  |
|  | 1508 S. Lone Star Way Ste 1Edinburg T                     | x. 78239             | Check if travel outsi   | <br> <br> de of Texas, Complete Schedule T. |  |  |
| 10 Principal occ<br>Consultan                    | rupation / Job title (FOR NON-JUDICIAL)(See Instructions) | 11 Employe Pathfinde | FOR NON-JUDICI  | AL)(See Instructions)                       |  |  |
| 12 Contributor's                                 | principal occupation (FOR JUDICIAL)                       | 13 Contribu          | itor's job title (FOR JU  | DfCIAL) (See Instructions)                  |  |  |
| 14 Contributor's                                 | employer/law firm (FOR JUDICIAL)                          | 15 Law firm          | of contributor's spou   | se (if any) (FOR JUDICIAL)                  |  |  |
| 16 If contributor                                | is a child, law firm of parent(s) (if any) (FOR JUDICIAL) |                      | 44,4444 |   |  |  |
| Date   | Full name of contributor  out-of-state PAC (ID#:          |                      | Amount of<br>Contribution \$  | In-kind contribution<br>description         |  |  |
| 08/05/2024 Contributor address; City; State; Zig |   |                      | 884.48  | Campaign Event                              |  |  |
|  | 1405 Pamela Mission Tx 7                                  | 8572                 | Check if travel outside   | de of Texas, Complete Schedule T.           |  |  |
|  | upation / Job title (FOR NON-JUDICIAL) (See Instructions) |                      | r (FOR NON-JUDICIA  | AL)(See Instructions)                       |  |  |
| Consulta   | principal occupation (FOR JUDICIAL)                       | Self                 | torio ich titlo (EOD III)   | DICIAL) (See Instructions)                  |  |  |
| Continuors                                       | principal occupation (FOR SODICIAL)                       | Contribu             | tors job title (FOR JO  | DICIAL) (See Instructions)                  |  |  |
| Contributor's                                    | employer/law firm (FOR JUDICIAL)                          | Law firm             | of contributor's spous  | se (if any) (FOR JUDICIAL)                  |  |  |
| If contributor                                   | is a child, law firm of parent(s) (if any) (FOR JUDICIAL) |                      |   |   |  |  |
|  |   |                      |   |   |  |  |
|  |   |                      |   |   |  |  |
|  |   |                      |   |   |  |  |
|  |   |                      |   |   |  |  |
|  |   |                      |   |   |  |  |
|  |   |                      |   |   |  |  |
|  |   |                      |   |   |  |  |
| ·  | ATTACH ADDITIONAL CODIES OF T                             |                      |   |   |  |  |

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

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

|                                       | ·  |                      |           |             |  |  |  |  |
|---------------------------------------|--|----------------------|-----------|-------------|--|--|--|--|
| Tt                                    | he Instruction Guide explains                | how to complete      | this for  | rm.         | 1 Total pages Sched                                      | dule A2: 2                                   |  |  |
| 2 FILER NAM                           | E  |                      |           |             | 3 Filer ID (Ethics Co                                    | ommission Filers)                            |  |  |
| Eddie Tre                             | evino, Jr.                                   |                      |           |             |  |  |  |  |
| 4 TOTAL O                             | F UNITEMIZED IN-KIND                         | ) POLITICAL C        | ONTRI     | IBUTIONS    | \$   |  |  |  |
| 5 Date                                | 6 Full name of contributor Eddie Lucio, III  | out-of-state PAC (II |           | )           | 8 Amount of Contribution \$                              | 9 In-kind contribution description           |  |  |
| 08/05/2024                            | 7 Contributor address;                       | City;                | State;    |             | 884.47   | Campaign Event                               |  |  |
|                                       | 102 Orchard Rd.                              | Olmito               | Tx        | 78575       | Check if travel outs                                     | ,<br> <br>ide of Texas. Complete Schedule T. |  |  |
| 10 Principal occ<br>Attorney          | cupation / Job title (FOR NON-J              | JDICIAL) (See Instr  | ructions) | 11 Employe  | er (FOR NON-JUDICI                                       | AL)(See Instructions)                        |  |  |
| · · · · · · · · · · · · · · · · · · · | principal occupation (FOR JUD                | ICIAL)               |           |             | utor's job title (FOR JU                                 | JDICIAL) (See Instructions)                  |  |  |
| 14 Contributor's                      | employer/law firm (FOR JUDIC                 | IAL)                 |           | 15 Law firm | n of contributor's spou                                  | ise (if any) (FOR JUDICIAL)                  |  |  |
| 46 E contributor                      | · · · · · · · · · · · · · · · · · · ·        | "" COR HIDE          |           |             |  |  |  |  |
| 10 II COHRIBATO                       | is a child, law firm of parent(s) (          | If any) (FOR JODIC   | JIAL)     |             |  |  |  |  |
| Date                                  | Full name of contributor                     | out-of-state PAC (IE | D#:       |             | Amount of  | In-kind contribution                         |  |  |
|                                       | Alberto D. Carder                            | าลร                  |           |             | Contribution \$  | description                                  |  |  |
| 11/21/2024                            | Contributor address;                         | City;                | State;    | Zip Code    | 900.00   | । Campaign Event<br>।<br>।                   |  |  |
|                                       | 608 N. 9th St.                               | McAllen              | I X       | 78501       | Check if travel outsi                                    | de of Texas, Complete Schedule T.            |  |  |
|                                       | upation / Job title (FOR NON-JU<br>ant Owner | JDICIAL) (See Instr  | ructions) | Employe     | er (FOR NON-JUDICI                                       | AL)(See Instructions)                        |  |  |
|                                       | principal occupation (FOR JUD                | ICIAL)               |           |             | rtor's job title (FOR JU                                 | IDICIAL) (See Instructions)                  |  |  |
| Contributor's                         | employer/law firm (FOR JUDIC                 | IAL)                 |           | Law firm    | Law firm of contributor's spouse (if any) (FOR JUDICIAL) |  |  |  |
| If contributor                        | is a child, law firm of parent(s) (          | if any) (FOR JUDIC   | JIAL)     |             |  |  |  |  |
| At-1                                  |  |                      |           |             | ****   |  |  |  |
|                                       |  |                      |           |             |  |  |  |  |
|                                       |  |                      |           |             |  |  |  |  |
|                                       |  |                      |           |             |  |  |  |  |
|                                       |  |                      |           |             |  |  |  |  |
|                                       |  |                      |           |             |  |  |  |  |
|                                       |  |                      |           |             |  |  |  |  |
|                                       |  |                      |           |             |  |  |  |  |
|                                       |  |                      |           |             |  |  |  |  |

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

| If the requeste             | d information is not applicable, <b>DO N</b> C | or include this page in the re             | eport.                                |
|-----------------------------|--|--|---------------------------------------|
| The                         | Instruction Guide explains how to comp         | lete this form.                            | 1 Total pages Schedule E:             |
| 2 FILER NAME                |  | 4444                                       | 3 Filer ID (Ethics Commission Filers) |
| Eddie Trevin                | o, Jr.   |  |                                       |
| 4 TOTAL OF U                | NITEMIZED LOANS                                |  | \$                                    |
| 5 Date of loan              | 7 Name of lender  ut-of-state                  | PAC (ID#:)                                 | 9 Loan Amount (\$)                    |
| 05/10/2016                  | Eddie Trevino, Jr.                             | 70,000.00                                  |                                       |
| 6 Is lender                 | 8 Lender address; City;                        | State; Zip Code                            | 10 Interest rate                      |
| a financial<br>Institution? | 2200 Boca Chica Blvd., Ste 10<br>78520         | 2 Brownsville, Tx                          | 11 Maturity date                      |
| 12 Principal occupati       | ion / Job title (See Instructions)             | 13 Employer (See Instructions)             |                                       |
| Attorney                    |  | Self                                       |                                       |
| 14 Description of Coll      | lateral  | Check if personal fun account (See Instruc | nds were deposited into political     |
| 16 GUARANTOR INFORMATION    | RANTOR 17 Name of guarantor                    |  | 19 Amount Guaranteed (\$)             |
|                             | 18 Guarantor address; City;                    | State; Zip Code                            |                                       |
| not applicable              |  | ·  |                                       |
| 20 Principal Occupat        | ion (See Instructions)                         | 21 Employer (See Instructions)             |                                       |
| Date of loan                | Name of lender                                 | PAC (ID#:)                                 | Loan Amount (\$)                      |
| Is lender<br>a financial    | Lender address; City;                          | State; Zip Code                            | Interest rate                         |
| Institution?                |  |  | Maturity date                         |
| Principal occupation        | on / Job title (See Instructions)              | Employer (See Instructions)                |                                       |
| Description of Colla        | ateral   | Check if personal fund                     | ds were deposited into political      |
| none                        |  | account (See Instruct                      |                                       |
| GUARANTOR<br>INFORMATION    |  |  | Amount Guaranteed (\$)                |
|                             | Guarantor address; City;                       | State; Zip Code                            |                                       |
| not applicable              |  |  |                                       |
| Principal Occupation        | on (See Instructions)                          | Employer (See Instructions)                |                                       |
|                             |  |  |                                       |
|                             | ATTACH ADDITIONAL CODE                         | ES OF THIS SCHEDULE AS NEE                 |                                       |
| If ler                      | nder is out-of-state PAC, please see Inst      |  |                                       |

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

#### 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 Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Office Overhead/Rental Expense Food/Beverage Expense Consulting Expens Polling Expense 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 3 Filer ID (Ethics Commission Filers) Eddie Trevino, Jr. 4 Date 5 Payee name 08/23/2024 Mary Mother of the Church 6 Amount (\$) 7 Payee address; City: State: Zip Code 1914 Barnard St. Brownsville 78520 600.00 Tx 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Donation Fall raffle ticket sponsor EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Eddie Trevino, Jr. Cameron County Judge Pavee name Date 09/10/2024 New Horizon Health Center Amount (\$) Pavee address: Citv: State: Zip Code 191 E. Price Rd. Brownsville Tx 78521 150.00 Category (See Categories listed at the top of this schedule) Description Sponsor Raffle **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Eddie Trevino, Jr. Cameron County Judge Payee name Date 09/12/2024 Blue Marlin Amount (\$) Pavee address: City; Zip Code 2912 Padre Blvd South Padre Island Tx 78597 1,000.00 Category (See Categories listed at the top of this schedule) Description PURPOSE Other Contribution returned to Payee OF **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Eddie Trevino, Jr. Cameron County Judge 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 Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Office Overhead/Rental Expense Consulting Expense Contributions/Donations Made By Food/Beverage Expense Pollina Expense Travel In District 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 3 Filer ID (Ethics Commission Filers) 5 Eddie Trevino, Jr. 4 Date 5 Payee name 09/13/2024 Commissioner Sofia Benavides Campaign 6 Amount (\$) 7 Payee address; City; State: Zip Code 500.00 4090 Retama Dr. Brownsville, Tx 78521 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description PURPOSE Event Expense Loteria Fundraiser **EXPENDITURE** (c) 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 Eddie Trevino, Jr. Cameron County Judge Date Payee name 09/18/2024 Eddie Garcia Campaign Amount (\$) Payee address: City: State: Zip Code 500.00 3459 Chardonay Drive Brownsville Tx 78526 Category (See Categories listed at the top of this schedule) Description PURPOSE **Event Expense** Bowling Sponsorship OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Eddie Trevino, Jr. Cameron County Judge Date Payee name 09/20/2024 Constable Adrian Gonzalez Campaign Amount (\$) Payee address; City; State; Zip Code 1390 W. Expy 83 San Benito 78586 500.00 Tx Category (See Categories listed at the top of this schedule) Description **PURPOSE Event Expense** Golf Tournament OF **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Eddie Trevino, Jr. Cameron County Judge 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 Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Fees Food/Beverage Expense Transportation Equipment & Related Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee 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 3 Filer ID (Ethics Commission Filers) Eddie Trevino, Jr. 4 Date 5 Payee name 10/08/2024 Good Shepard Community Church 6 Amount (\$) 7 Payee address; City; State: Zip Code 600.00300 E. Morrison Brownsville Τx 78520 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description **PURPOSE** Sponsor Golf Tournament EXPENDITURE (c) Check if travel outside of Texas, Complete Schedule T Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Eddie Trevino, Jr. Cameron County Judge Payee name Date 10/09/2024 Cameron County Democratic Party Amount (\$) Pavee address: City; State: Zip Code 1,000.00 PO Box 533909 Harlingen Tx 78553 Category (See Categories listed at the top of this schedule) Description PURPOSE Sponsor OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Eddie Trevino, Jr. Cameron County Judge Date Payee name 09/25/2024 The City of Brownsville Amount (\$) Payee address; State; Zip Code 1001 E. Elizabeth 150.00 Brownsville Tχ 78520 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Sponsor Southmost Veteran's Day Ad OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Eddie Trevino, Jr. Cameron County Judge 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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

| Candidate/Officeholder/Politi Credit Card Payment                  | cal Committee Legal Services Salaries/                           | Wages/Contract Labor                             | Other (enter a categ                    | ct<br>ory not listed above)      |  |  |
|--|--|--|---|----------------------------------|--|--|
| <b>,</b> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                       | The Instruction Guide explains how to                            | complete this form.                              |   |                                  |  |  |
| 1 Total pages Schedule F   | 2 FILER NAME<br>Eddie Trevino, Jr.                               |  | 3 Filer ID (Ethic                       | s Commission Filers)             |  |  |
| 4 Date   | 5 Payee name   |  |   |                                  |  |  |
| 11/26/2024   | Cameron County Employee Christm                                  | as Fund  |   |                                  |  |  |
| 6 Amount (\$)  | 7 Payee address;   | City;  | State;                                  | Zip Code                         |  |  |
| 300.00   | 1100 East Monroe   | Brownsville                                      | Tx                                      | 78520                            |  |  |
| 8  | (a) Category (See Categories listed at the top of this schedule) | (b) Description                                  |   |                                  |  |  |
| PURPOSE<br>OF<br>EXPENDITURE                                       | Sponsor  | County Emplo                                     | County Employee Christmas Party         |                                  |  |  |
|  | (C) Check if travel outside of Texas, Complete Schedule T.       | Check if Austin                                  | n, TX, officeholder living              | ) expense                        |  |  |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/C | Candidate / Officeholder name  H Eddie Trevino, Jr.              | Office sought                                    | Came                                    | Office held<br>eron County Judge |  |  |
| Date   | Payee name   |  |   |                                  |  |  |
| 12/03/2024   | Cameron County Emergency Manag                                   | ement Toy Drive                                  | Э                                       |                                  |  |  |
| Amount (\$)  | Payee address;   | City;  | State;                                  | Zip Code                         |  |  |
| 500.00   | 1100 East Monroe   | Brownsville                                      | Tx                                      | 78520                            |  |  |
|  | Category (See Categories listed at the top of this schedula)     | Description                                      |   |                                  |  |  |
| PURPOSE<br>OF<br>EXPENDITURE                                       | Sponsor  | County Judge Christmas Toy Drive                 |   |                                  |  |  |
|  | Check if Iravel 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/OI  | <sup>1</sup> Eddie Trevino, Jr.                                  |  | Came                                    | ron County Judge                 |  |  |
| Date   | Payee name   | , , , , , , , , , , , , , , , , , , ,            | *************************************** |                                  |  |  |
| 12/11/2024   | El Jardin Elementary   |  |   |                                  |  |  |
| Amount (\$)  | Payee address;   | City;  | State;                                  | Zip Code                         |  |  |
| 100.00   | 6911 Boca Chic Blvd.   | Brownsville                                      | Tx                                      | 78521                            |  |  |
|  | Category (See Categories listed at the top of this schedule)     | Description                                      |   |                                  |  |  |
| PURPOSE<br>OF<br>EXPENDITURE                                       | Sponsor  | Christmas Toys                                   | <b>}</b>                                |                                  |  |  |
|  | 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  | Eddie Trevino, Jr.   |  | Camer                                   | on County Judge                  |  |  |
|  | ATTACH ADDITIONAL COPIES OF THIS S                               | SCHEDULE AS NEED                                 | DED                                     |                                  |  |  |
| <u></u>  |  |  |   |                                  |  |  |

#### 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

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

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 3 Filer ID (Ethics Commission Filers) Eddie Trevino, Jr. 4 Date 5 Payee name 12/11/2024 Skinner Elementary 6 Amount (\$) 7 Payee address; City; State: Zip Code 100.00 411 W. Saint Charles St. Brownsville Тx 78520 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 **PURPOSE** Sponsor Christmas gifts OF **EXPENDITURE** (c) Check if travel outside of Texas, Complete Schedule T, Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Eddie Trevino, Jr. Cameron County Judge Date Payee name Amount (\$) City; Payee address; State: Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T, Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH