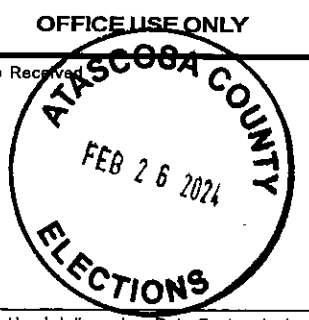


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

| | | | |
|--|--|---------------------------------------|--|
| The C/OH Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) | 2 Total pages filed: 5 |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR | FIRST | MI |
| | NICKNAME | LAST | SUFFIX |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | ADDRESS / PO BOX; | APT / SUITE #; | CITY; STATE; ZIP CODE |
| <input type="checkbox"/> Change of Address | P.O. Box 163 Pleasanton TX 78064 | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE | PHONE NUMBER | EXTENSION |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR | FIRST | MI |
| | NICKNAME | LAST | SUFFIX |
| 7 CAMPAIGN TREASURER ADDRESS | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; | | CITY; STATE; ZIP CODE |
| (Residence or Business) | 170 Preston St. Pleasanton TX 78064 | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE | PHONE NUMBER | EXTENSION |
| 9 REPORT TYPE | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR) | | |
| 10 PERIOD COVERED | Month | Day | Year |
| | 01 | 26 | 2024 |
| 11 ELECTION | ELECTION DATE | | ELECTION TYPE |
| | Month | Day | Year |
| | 03 | 05 | 2024 |
| | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description | | |
| | <input type="checkbox"/> General <input type="checkbox"/> Special | | |
| 12 OFFICE | OFFICE HELD (if any) Pleasanton City Council, District 3 | | 13 OFFICE SOUGHT (if known) Atascosa County Attorney |
| 14 NOTICE FROM POLITICAL COMMITTEE(S) | THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. | | |
| <input type="checkbox"/> Additional Pages | COMMITTEE TYPE | COMMITTEE NAME | |
| | <input type="checkbox"/> GENERAL | COMMITTEE ADDRESS | |
| | <input type="checkbox"/> SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | |



Date Received
Date Hand-delivered or Date Postmarked
Receipt #
Amount \$
Date Processed
Date Imaged

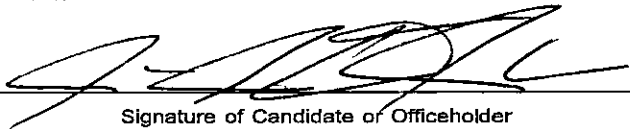
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

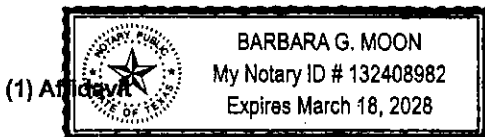
FORM C/OH
COVER SHEET PG 2

| | | |
|---|---|--|
| 15 C/OH NAME <u>Jaime J "JJ" Trevino Jr.</u> | | 16 Filer ID (Ethics Commission Filers) |
| 17 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ <u>50.00</u> |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ <u>3,150.00</u> |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ <u>68.31</u> |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ <u>5,507.94</u> |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ <u>11,012.05</u> |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ <u>0.00</u> |

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


Signature of Candidate or Officeholder

Please complete either option below:



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Jaime J. Trevino Jr. this the 23rd day of February, 2024, to certify which, witness my hand and seal of office.

Barbara G. Moon Barbara G. Moon Notary Public
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

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

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

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

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

| 19 FILER NAME <i>Jaime J. "JJ" Trevino, Jr.</i> | | 20 Filer ID (Ethics Commission Filers) |
|--|---|--|
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 3,100.00 |
| 2. | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ 0.00 |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ 0.00 |
| 4. | <input type="checkbox"/> SCHEDULE E: LOANS | \$ 0.00 |
| 5. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 5,439.63 |
| 6. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ 0.00 |
| 7. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ 0.00 |
| 8. | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ 0.00 |
| 9. | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ 0.00 |
| 10. | <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ 0.00 |
| 11. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 0.00 |
| 12. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ 0.00 |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: <u>1</u> |
| 2 FILER NAME <u>Jaime S. "JJ" Trevino, Jr.</u> | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <u>1/28/2024</u> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Sue Ellen Tabor</u> | 7 Amount of contribution (\$) <u>\$1,000.00</u> |
| 6 Contributor address; City; State; Zip Code <u>4101 Menger San Antonio TX 78259</u> | | |
| 8 Principal occupation / Job title (See Instructions) <u>—</u> | | 9 Employer (See Instructions) <u>—</u> |
| Date <u>1/28/2024</u> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Yang Cha Burnam</u> | Amount of contribution (\$) <u>\$600.00</u> |
| Contributor address; City; State; Zip Code <u>1211 Live Oak St. Pleasanton TX 78064</u> | | |
| Principal occupation / Job title (See Instructions) <u>—</u> | | Employer (See Instructions) <u>—</u> |
| Date <u>1/30/2024</u> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>McDaniel Family Limited Partnership</u> | Amount of contribution (\$) <u>\$1,000.00</u> |
| Contributor address; City; State; Zip Code <u>927 Mitch Thomas Rd. Pleasanton TX 78064</u> | | |
| Principal occupation / Job title (See Instructions) <u>—</u> | | Employer (See Instructions) <u>—</u> |
| Date <u>2/2/2024</u> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Pat and Suzanne Schuchart</u> | Amount of contribution (\$) <u>\$500.00</u> |
| Contributor address; City; State; Zip Code <u>300 La Cieba Dr. Jourdanton TX 78026</u> | | |
| Principal occupation / Job title (See Instructions) <u>—</u> | | Employer (See Instructions) <u>—</u> |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|---------------------------------|---|---------------------------------------|
| 1 Total pages Schedule F1: 1 | 2 FILER NAME Jaime J. "JJ" Trevino Jr. | 3 Filer ID (Ethics Commission Filers) |
|---------------------------------|---|---------------------------------------|

| | | | |
|----------------------------|---|------------------------|-----------------------------|
| 4 Date 2/5/2024 | 5 Payee name RB Printing and Office Supplies | | |
| 6 Amount (\$) \$ 295.47 | 7 Payee address; 105 E. Johnson St. | City; Pleasanton TX | State; Zip Code TX 78064 |

| | | |
|--------------------------|---|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description Political Advertising |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

| | | | |
|---|------------------------------------|--------------------|------------------|
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name — | Office sought — | Office held — |
|---|------------------------------------|--------------------|------------------|

| | | | |
|---------------------------|---|------------------------|-----------------------------|
| Date 2/6/2024 | Payee name Our Lady of Grace Catholic School | | |
| Amount (\$) \$1,500.00 | Payee address; 6226 Market St. | City; Pleasanton TX | State; Zip Code TX 78064 |

| | | |
|------------------------|---|--------------------------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description Political Advertising |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

| | | | |
|---|------------------------------------|--------------------|------------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name — | Office sought — | Office held — |
|---|------------------------------------|--------------------|------------------|

| | | | |
|---------------------------|--|-----------------------|-----------------------------|
| Date 2/22/2024 | Payee name Mammoth Marketing Group | | |
| Amount (\$) \$3,644.16 | Payee address; 4500 Bissonnet St, Ste 370 | City; Bellairne TX | State; Zip Code TX 77401 |

| | | |
|------------------------|---|--------------------------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description Political Advertising |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

| | | | |
|---|------------------------------------|--------------------|------------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name — | Office sought — | Office held — |
|---|------------------------------------|--------------------|------------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed: **7**

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MI

Mr.

Jaime

J

NICKNAME

LAST

SUFFIX

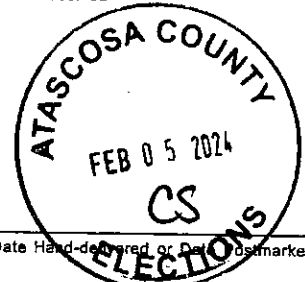
JJ

Trevino

Jr.

OFFICE USE ONLY

Date Received



4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

P.O. Box 163 Pleasanton TX 78064

Change of Address

Date Hand-delivered or Delivered by Mail

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

)

Receipt #

Amount \$

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

Mr.

Matthew

K

NICKNAME

LAST

SUFFIX

Franklin

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

120 Preston St. Pleasanton TX 78064

(Residence or Business)

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign treasurer appointment (Officeholder Only)

July 15

8th day before election

Exceeded Modified Reporting Limit

Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month

Day

Year

Month

Day

Year

01 / 01 / 2024

THROUGH

01 / 25 / 2024

11 ELECTION

ELECTION DATE

Month

Day

Year

03 / 05 / 2024

ELECTION TYPE

Primary

Runoff

Other Description

General

Special

12 OFFICE

OFFICE HELD (if any)

Pleasanton City

13 OFFICE SOUGHT (if known)

Council, District 3

Atascosa County Attorney

14 NOTICE FROM POLITICAL COMMITTEE(S)

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

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

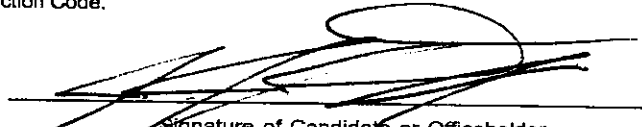
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

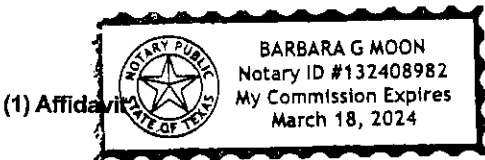
FORM C/OH
COVER SHEET PG 2

| | | |
|---|---|--|
| 15 C/OH NAME <u>Jaime J. "JJ" Trevino, Jr.</u> | | 16 Filer ID (Ethics Commission Filers) |
| 17 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 0.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 250.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ 189.26 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 3,383.20 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 9,725.83 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 0.00 |

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


Signature of Candidate or Officeholder

Please complete either option below:



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Jaime J. Trevino Jr. this the 4th day of February, 2024, to certify which, witness my hand and seal of office.

Barbara G. Moon Barbara G. Moon Notary Public
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

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

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

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

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Jaime J. "JJ" Trevino, Jr.

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

| | | |
|-----|---|-------------|
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 250.00 |
| 2. | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ 0.00 |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ 0.00 |
| 4. | <input type="checkbox"/> SCHEDULE E: LOANS | \$ 0.00 |
| 5. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 3,193.94 |
| 6. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ 0.00 |
| 7. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ 0.00 |
| 8. | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ 0.00 |
| 9. | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ 0.00 |
| 10. | <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ 0.00 |
| 11. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 0.00 |
| 12. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ 0.00 |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 1 |
| 2 FILER NAME <i>Jaime J. "JJ" Trevino, Jr.</i> | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>1/11/2024</i> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ryan and Jeralyn Novak</i> 6 Contributor address; City; State; Zip Code <i>2769 Lucas Rd. Floresville TX 78114</i> | 7 Amount of contribution (\$) <i>250.00</i> |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code | Amount of contribution (\$) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code | Amount of contribution (\$) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code | Amount of contribution (\$) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|--|--|---------------------------------------|
| 1 Total pages Schedule F1: 3 | 2 FILER NAME James J. "JJ" Trevino Jr. | 3 Filer ID (Ethics Commission Filers) |
|--|--|---------------------------------------|

| | | | |
|----------------------------------|---|-------------------------------|------------------------------------|
| 4 Date 1/4/2024 | 5 Payee name Next Level Signs and Designs | | |
| 6 Amount (\$) 1,461.38 | 7 Payee address; 1612 W. Oaklawn | City; Pleasanton TX | State; Zip Code TX 78064 |

| | | |
|------------------------------------|---|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description Political signs / advertising |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

| | | | |
|--|---|---------------------------|-------------------------|
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name — | Office sought — | Office held — |
|--|---|---------------------------|-------------------------|

| | | | |
|----------------------------|--|-------------------------------|------------------------------------|
| Date 1/7/2024 | Payee name Tractor Supply Co. | | |
| Amount (\$) 3.25 | Payee address; 1715 W. Oaklawn | City; Pleasanton TX | State; Zip Code TX 78064 |

| | | |
|------------------------|---|--|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description campaign sign hanging supplies |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

| | | | |
|--|---|---------------------------|-------------------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name — | Office sought — | Office held — |
|--|---|---------------------------|-------------------------|

| | | | |
|-----------------------------|--|-------------------------------|------------------------------------|
| Date 1/8/2024 | Payee name Tractor Supply Co | | |
| Amount (\$) 79.40 | Payee address; 1715 W. Oaklawn | City; Pleasanton TX | State; Zip Code TX 78064 |

| | | |
|------------------------|---|--|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description campaign sign hanging supplies |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

| | | | |
|--|---|---------------------------|-------------------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name — | Office sought — | Office held — |
|--|---|---------------------------|-------------------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|--|--|---------------------------------------|
| 1 Total pages Schedule F1: 3 | 2 FILER NAME James "JJ" Truina Jr. | 3 Filer ID (Ethics Commission Filers) |
|--|--|---------------------------------------|

| | |
|---------------------------|---|
| 4 Date 1/9/2024 | 5 Payee name Tractor Supply Co. |
|---------------------------|---|

| | | | | |
|-------------------------------|--|----------------------------|---------------------|--------------------------|
| 6 Amount (\$) 57.25 | 7 Payee address; 1715 W. Oaklawn | City; Pleasanton | State; TX | Zip Code 78064 |
|-------------------------------|--|----------------------------|---------------------|--------------------------|

| | | |
|------------------------------------|---|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description campaign sign hanging supplies |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

| | | | |
|---|---|---------------------------|-------------------------|
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name — | Office sought — | Office held — |
|---|---|---------------------------|-------------------------|

| | |
|--------------------------|---|
| Date 1/18/2024 | Payee name Next Level Signs and Designs |
|--------------------------|---|

| | | | | |
|------------------------------|--|----------------------------|---------------------|--------------------------|
| Amount (\$) 523.43 | Payee address; 1612 W. Oaklawn | City; Pleasanton | State; TX | Zip Code 78064 |
|------------------------------|--|----------------------------|---------------------|--------------------------|

| | | |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description Political signs/advertising |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

| | | | |
|---|---|---------------------------|-------------------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name — | Office sought — | Office held — |
|---|---|---------------------------|-------------------------|

| | |
|--------------------------|---|
| Date 1/18/2024 | Payee name Country Girl Designs |
|--------------------------|---|

| | | | | |
|--------------------------------|--------------------------------------|----------------------------|---------------------|--------------------------|
| Amount (\$) 1,014.13 | Payee address; 3550 CR 430 | City; Pleasanton | State; TX | Zip Code 78064 |
|--------------------------------|--------------------------------------|----------------------------|---------------------|--------------------------|

| | | |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description Political signs/advertising |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

| | | | |
|---|---|---------------------------|-------------------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name — | Office sought — | Office held — |
|---|---|---------------------------|-------------------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: 3 | 2 FILER NAME Jaime J "JJ" Trumbo Jr. | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 1/20/2024 | 5 Payee name Tractor Supply Co | |
| 6 Amount (\$) 2.17 | 7 Payee address; City; State; Zip Code 1715 W. Oaklawn Pleasanton TX 78064 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description Campaign sign hanging supplies |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name — | Office sought — |
| Date 1/21/2024 | Payee name Tractor Supply Co. | |
| Amount (\$) 52.93 | Payee address; City; State; Zip Code 1715 W. Oaklawn Pleasanton TX 78064 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description Campaign sign hanging supplies |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought |
| Date | Payee name | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

Mr.

Jaime

J.

NICKNAME

LAST

SUFFIX

JJ

Trevino

Jr.

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

P.O. Box 163 Pleasanton TX 78064

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Mr.

Matthew

K

NICKNAME

LAST

SUFFIX

Franklin

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

120 Preston St. Pleasanton

TX 78064

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign
treasurer appointment
(Officeholder Only)

July 15

8th day before election

Exceeded Modified
Reporting Limit

Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

Month

Day

Year

07 / 01 / 2023

THROUGH

12 / 31 / 2023

11 ELECTION

ELECTION DATE

Month

Day

Year

03 / 05 / 2024

ELECTION TYPE

Primary

Runoff

Other
Description

General

Special

12 OFFICE

OFFICE HELD (if any)

Pleasanton

City Council, Dist. 3

13 OFFICE SOUGHT (if known)

Atascosa County Attorney

14 NOTICE FROM
POLITICAL
COMMITTEE(S)

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

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

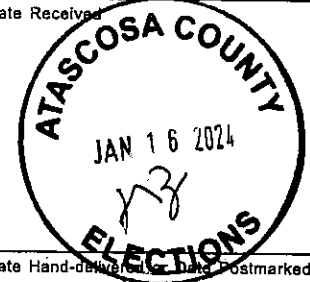
COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

OFFICE USE ONLY

Date Received



Date Hand-delivered Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

Jaime J. "JJ" Trevino, Jr.

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION
TOTALS

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)

\$ 100.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 26,375.56

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 1,162.24

4. TOTAL POLITICAL EXPENDITURES

\$ 11,077.65

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 12,859.03

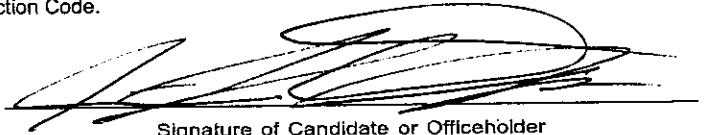
OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0.00

18 SIGNATURE

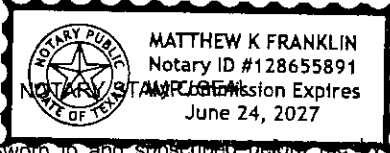
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



Sworn to and subscribed before me by Jaime J. Trevino Jr. this the 12th day of January

20 24, to certify which, witness my hand and seal of office.

Matthew K. Franklin
Signature of officer administering oath

Matthew K. Franklin
Printed name of officer administering oath

Notary Public
Title of officer administering oath

OR

(2) Unsworn Declaration

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

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

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

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Jaime J "JJ" Trevino Jr.

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

| | | |
|-----|---|--------------|
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 23,437.68 |
| 2. | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ 2,937.88 |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ 0.00 |
| 4. | <input type="checkbox"/> SCHEDULE E: LOANS | \$ 0.00 |
| 5. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 10,578.45 |
| 6. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ 0.00 |
| 7. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ 0.00 |
| 8. | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ 0.00 |
| 9. | <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ 499.00 |
| 10. | <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ 0.00 |
| 11. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 0.00 |
| 12. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ 0.00 |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: |
| 2 FILER NAME Jaime J. "JJ" Trevino Jr. | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 7-19-2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jaime Trevino Jr. | 7 Amount of contribution (\$) 2,500.00 |
| 6 Contributor address; City; State; Zip Code P.O. Box 163 Pleasanton TX 78064 | | |
| 8 Principal occupation / Job title (See Instructions) - | | 9 Employer (See Instructions) - |
| Date 8/4/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Consuelo Trevino | Amount of contribution (\$) 1,000.00 |
| Contributor address; City; State; Zip Code 2026 Yosemite Pleasanton TX 78064 | | |
| Principal occupation / Job title (See Instructions) - | | Employer (See Instructions) - |
| Date 8/18/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jaime Trevino Jr. | Amount of contribution (\$) 1,000.00 |
| Contributor address; City; State; Zip Code P.O. Box 163 Pleasanton TX 78064 | | |
| Principal occupation / Job title (See Instructions) - | | Employer (See Instructions) - |
| Date 8/18/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yang Cha Burnam | Amount of contribution (\$) 150.00 |
| Contributor address; City; State; Zip Code 1211 Live Oak St. Pleasanton TX 78064 | | |
| Principal occupation / Job title (See Instructions) - | | Employer (See Instructions) - |

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: |
| 2 FILER NAME <i>Jaime J. "JJ" Trevino, Jr.</i> | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>9/11/2023</i> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Wayne Schuchart</i> | 7 Amount of contribution (\$) <i>500.00</i> |
| 6 Contributor address; City; State; Zip Code <i>3835 W. SH 97 Jourdanton TX 78026</i> | | |
| 8 Principal occupation / Job title (See Instructions) — | | 9 Employer (See Instructions) — |
| Date <i>10/3/2023</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Scott Sager</i> | Amount of contribution (\$) <i>500.00</i> |
| Contributor address; City; State; Zip Code <i>25130 Cove End San Antonio TX 78255</i> | | |
| Principal occupation / Job title (See Instructions) — | | Employer (See Instructions) — |
| Date <i>10/17/2023</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Julie P. Novak</i> | Amount of contribution (\$) <i>200.00</i> |
| Contributor address; City; State; Zip Code <i>2879 Lucas Rd. Floresville TX 78114</i> | | |
| Principal occupation / Job title (See Instructions) — | | Employer (See Instructions) — |
| Date <i>10/30/2023</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>3D2020</i> | Amount of contribution (\$) <i>1,000.00</i> |
| Contributor address; City; State; Zip Code <i>P.O. Box 367 Pleasonton TX 78064</i> | | |
| Principal occupation / Job title (See Instructions) — | | Employer (See Instructions) — |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: |
| 2 FILER NAME <i>Jaime J. "JJ." Trevino Jr.</i> | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>11/2/2023</i> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jessica and Philip Tom</i> 6 Contributor address; City; State; Zip Code <i>770 Co. Rd. 412 Campbellton TX 78008</i> | 7 Amount of contribution (\$) <i>2,500.00</i> |
| 8 Principal occupation / Job title (See Instructions) — | | 9 Employer (See Instructions) — |
| Date <i>11/8/2023</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Shevon Shearner</i> Contributor address; City; State; Zip Code <i>P.O. Box 764 Pleasanton TX 78064</i> | Amount of contribution (\$) <i>200.00</i> |
| Principal occupation / Job title (See Instructions) — | | Employer (See Instructions) — |
| Date <i>11/16/2023</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Texas Moore</i> Contributor address; City; State; Zip Code <i>131 Deer Run Pleasanton TX 78064</i> | Amount of contribution (\$) <i>50.00</i> |
| Principal occupation / Job title (See Instructions) — | | Employer (See Instructions) — |
| Date <i>11/16/2023</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Clifton and Deborah Herber</i> Contributor address; City; State; Zip Code <i>1721 Clover Ridge Pleasanton TX 78064</i> | Amount of contribution (\$) <i>100.00</i> |
| Principal occupation / Job title (See Instructions) — | | Employer (See Instructions) — |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Jaime J. "JJ." Trevino, Sr.

3 Filer ID (Ethics Commission Filers)

4 Date

11/16/2023

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

James M. Mandy

7 Amount of contribution (\$)

100.00

6 Contributor address; City; State; Zip Code

P.O. Box 295 Jourdanton TX 78026

8 Principal occupation / Job title (See Instructions)

—

9 Employer (See Instructions)

—

Date

11/16/2023

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

Roman and Terri Cuevas

Amount of contribution (\$)

200.00

Contributor address; City; State; Zip Code

3350 CR 430 Pleasonton TX 78064

Principal occupation / Job title (See Instructions)

—

Employer (See Instructions)

—

Date

11/16/2023

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

Yang, Chan Barnam

Amount of contribution (\$)

200.00

Contributor address; City; State; Zip Code

1211 Live Oak St. Pleasonton TX 78064

Principal occupation / Job title (See Instructions)

—

Employer (See Instructions)

—

Date

11/16/2023

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

Hector and Carla Quintanilla

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code

1729 Straut Ln Pleasonton TX 78064

Principal occupation / Job title (See Instructions)

—

Employer (See Instructions)

—

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: |
| 2 FILER NAME <i>Jaime J. "JJ." Trevino Jr.</i> | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>11/16/2023</i> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Roger Wells</i> | 7 Amount of contribution (\$) <i>250.00</i> |
| 6 Contributor address; City; State; Zip Code <i>P.O. Box 216 Reasonton TX 78064</i> | | |
| 8 Principal occupation / Job title (See Instructions) — | | 9 Employer (See Instructions) — |
| Date <i>11/16/2023</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Victor Trevino</i> | Amount of contribution (\$) <i>300.00</i> |
| Contributor address; City; State; Zip Code <i>8531 Athenian Universal City TX 78148</i> | | |
| Principal occupation / Job title (See Instructions) — | | Employer (See Instructions) — |
| Date <i>11/16/2023</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Tony and Kim Schuchert</i> | Amount of contribution (\$) <i>500.00</i> |
| Contributor address; City; State; Zip Code <i>P.O. Box 217 Jourdanon TX 78026</i> | | |
| Principal occupation / Job title (See Instructions) — | | Employer (See Instructions) — |
| Date <i>11/16/2023</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Dos Escondido Encinos, LLC</i> | Amount of contribution (\$) <i>500.00</i> |
| Contributor address; City; State; Zip Code <i>P.O. Box 95 Jourdanon TX 78026</i> | | |
| Principal occupation / Job title (See Instructions) — | | Employer (See Instructions) — |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: |
| 2 FILER NAME <i>Jaime J. "JJ" Trevino, Jr.</i> | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>11/16/2023</i> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>D. Espinoza Equipment Services, LLC</i> | 7 Amount of contribution (\$) <i>500.00</i> |
| 6 Contributor address; City; State; Zip Code <i>3326 Butler Pass San Antonio TX 78223</i> | | |
| 8 Principal occupation / Job title (See Instructions) — | | 9 Employer (See Instructions) — |
| Date <i>11/16/2023</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Robert Sheene Sillwent</i> | Amount of contribution (\$) <i>500.00</i> |
| Contributor address; City; State; Zip Code <i>227 Liberty Ln. Pleasanton TX 78064</i> | | |
| Principal occupation / Job title (See Instructions) — | | Employer (See Instructions) — |
| Date <i>11/16/2023</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Justin P. Tom</i> | Amount of contribution (\$) <i>500.00</i> |
| Contributor address; City; State; Zip Code <i>P.O. Box 21 Campbellton TX 78008</i> | | |
| Principal occupation / Job title (See Instructions) — | | Employer (See Instructions) — |
| Date <i>11/16/2023</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jasik Field Services, LLC</i> | Amount of contribution (\$) <i>1,000.00</i> |
| Contributor address; City; State; Zip Code <i>703 W. Oaklawn Pleasanton TX 78064 PMB 147</i> | | |
| Principal occupation / Job title (See Instructions) — | | Employer (See Instructions) — |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: |
| 2 FILER NAME <i>Jaime J. "JJ" Trevino Jr.</i> | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>11/16/2023</i> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lorenz Field Services, LLC</i> | 7 Amount of contribution (\$) <i>1,000.00</i> |
| 6 Contributor address; City; State; Zip Code <i>10947 E Hwy 97 Pleasonton TX 78064</i> | | |
| 8 Principal occupation / Job title (See Instructions) — | | 9 Employer (See Instructions) — |
| Date <i>11/17/2023</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Shene Schechart</i> | Amount of contribution (\$) <i>250.00</i> |
| Contributor address; City; State; Zip Code <i>901 Christine Rdourdanton TX 78026</i> | | |
| Principal occupation / Job title (See Instructions) — | | Employer (See Instructions) — |
| Date <i>11/17/2023</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ruple Properties + Investments</i> | Amount of contribution (\$) <i>500.00</i> |
| Contributor address; City; State; Zip Code <i>8610 Broadway Ste 280 San Antonio TX 78217</i> | | |
| Principal occupation / Job title (See Instructions) — | | Employer (See Instructions) — |
| Date <i>11/20/2023</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Travis and Rhonda Williamson</i> | Amount of contribution (\$) <i>300.00</i> |
| Contributor address; City; State; Zip Code <i>348 Edgehill Dr. Pleasonton TX 78064</i> | | |
| Principal occupation / Job title (See Instructions) — | | Employer (See Instructions) — |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: |
| 2 FILER NAME <i>Jaime J. "JJ" Trevino Jr.</i> | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>11/20/2023</i> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Pablo and Erin Benavides</i> | 7 Amount of contribution (\$) <i>437.68</i> |
| 6 Contributor address; City; State; Zip Code <i>118 Brittany Dr. San Antonio TX 78212</i> | | |
| 8 Principal occupation / Job title (See Instructions) — | | 9 Employer (See Instructions) — |
| Date <i>11/20/2023</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Wesley and Magen Shearner</i> | Amount of contribution (\$) <i>250.00</i> |
| Contributor address; City; State; Zip Code <i>237 Parklane Dr. Alamo Park TX 78212</i> | | |
| Principal occupation / Job title (See Instructions) — | | Employer (See Instructions) — |
| Date <i>11/20/2023</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>James L. Donnell, Jr.</i> | Amount of contribution (\$) <i>500.00</i> |
| Contributor address; City; State; Zip Code <i>10721 Cuitdale St. San Antonio TX 78216</i> | | |
| Principal occupation / Job title (See Instructions) — | | Employer (See Instructions) — |
| Date <i>11/20/2023</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Michael T. Gatons</i> | Amount of contribution (\$) <i>200.00</i> |
| Contributor address; City; State; Zip Code <i>2922 Sir Phillip Dr. San Antonio TX 78209</i> | | |
| Principal occupation / Job title (See Instructions) — | | Employer (See Instructions) — |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: |
| 2 FILER NAME <u>Jaime J "JJ" Trevino Jr.</u> | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <u>11/20/2023</u> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Clifton and Amy Shearrer</u> 6 Contributor address; City; State; Zip Code <u>1073 St. Augustine Rd. Pleasanton TX 78064</u> | 7 Amount of contribution (\$) <u>200.00</u> |
| 8 Principal occupation / Job title (See Instructions) <u>—</u> | | 9 Employer (See Instructions) <u>—</u> |
| Date <u>11/28/2023</u> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Walter K and Mary Franklin</u> Contributor address; City; State; Zip Code <u>P.O. Box 396 Tilden TX 78072</u> | Amount of contribution (\$) <u>300.00</u> |
| Principal occupation / Job title (See Instructions) <u>—</u> | | Employer (See Instructions) <u>—</u> |
| Date <u>11/28/2023</u> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Patrick Hurley, Jr.</u> Contributor address; City; State; Zip Code <u>P.O. Box 440 Pleasanton TX 78064</u> | Amount of contribution (\$) <u>300.00</u> |
| Principal occupation / Job title (See Instructions) <u>—</u> | | Employer (See Instructions) <u>—</u> |
| Date <u>12/4/2023</u> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Harold and Dolores Gulley</u> Contributor address; City; State; Zip Code <u>2817 N-FM 108 Smiley TX 78159</u> | Amount of contribution (\$) <u>2,000.00</u> |
| Principal occupation / Job title (See Instructions) <u>—</u> | | Employer (See Instructions) <u>—</u> |

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: |
| 2 FILER NAME <i>Jaime J. "JJ" Trevino Jr.</i> | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>12/16/2023</i> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jesse and Christina Evans</i> 6 Contributor address; City; State; Zip Code <i>536 Bonita Creek Dr. Pleasanton TX 78064</i> | 7 Amount of contribution (\$) <i>1,500.00</i> |
| 8 Principal occupation / Job title (See Instructions) <i>—</i> | | 9 Employer (See Instructions) <i>—</i> |
| Date <i>12/14/2023</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Nelda Casares</i> Contributor address; City; State; Zip Code <i>610 W. Oaklawn Pleasanton TX 78064</i> | Amount of contribution (\$) <i>100.00</i> |
| Principal occupation / Job title (See Instructions) <i>—</i> | | Employer (See Instructions) <i>—</i> |
| Date <i>12/12/2023</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>James and June Andrews</i> Contributor address; City; State; Zip Code <i>637 Deer Trail Dr.ourdanton TX 78064</i> | Amount of contribution (\$) <i>200.00</i> |
| Principal occupation / Job title (See Instructions) <i>—</i> | | Employer (See Instructions) <i>—</i> |
| Date <i>12/20/2023</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>La Mesa Restaurant</i> Contributor address; City; State; Zip Code <i>8465 N. St 16 Poteet TX 78065</i> | Amount of contribution (\$) <i>200.00</i> |
| Principal occupation / Job title (See Instructions) <i>—</i> | | Employer (See Instructions) <i>—</i> |

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: |
| 2 FILER NAME <i>Jaime J. "55" Trevino Jr.</i> | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>12/22/2023</i> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jerome and Patsy Schmeckert</i> | 7 Amount of contribution (\$) <i>500.00</i> |
| 6 Contributor address; City; State; Zip Code <i>P.O. Box 916ourdanton TX 78026</i> | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date <i>12/22/2023</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>15606 Thrush Gate, LP</i> | Amount of contribution (\$) <i>100.00</i> |
| Contributor address; City; State; Zip Code <i>P.O. Box 310 Charlotte TX 78011</i> | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of contribution (\$) |
| Contributor address; City; State; Zip Code | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of contribution (\$) |
| Contributor address; City; State; Zip Code | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: | |
| 2 FILER NAME <i>Jaime J. "JJ" Trevino Jr.</i> | | 3 Filer ID (Ethics Commission Filers) | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ <i>0.00</i> | |
| 5 Date <i>9/1/2023</i> | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Downtown Storage</i> | 8 Amount of Contribution \$ <i>180.00</i> | 9 In-kind contribution description <i>Storage unit for campaign materials</i> |
| 7 Contributor address; City; State; Zip Code <i>P.O. Box 351 Pleasanton TX 78064</i> | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) — | | 11 Employer (FOR NON-JUDICIAL)(See Instructions) — | |
| 12 Contributor's principal occupation (FOR JUDICIAL) — | | 13 Contributor's job title (FOR JUDICIAL)(See Instructions) — | |
| 14 Contributor's employer/law firm (FOR JUDICIAL) — | | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) — | |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) — | | | |
| Date <i>11/16/2023</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>The Otter Shotgun</i> | Amount of Contribution \$ <i>268.90</i> | In-kind contribution description <i>Beverages for campaign event</i> |
| Contributor address; City; State; Zip Code <i>1306 Zunderson Jourdanton TX 78026</i> | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) — | | Employer (FOR NON-JUDICIAL)(See Instructions) — | |
| Contributor's principal occupation (FOR JUDICIAL) — | | Contributor's job title (FOR JUDICIAL)(See Instructions) — | |
| Contributor's employer/law firm (FOR JUDICIAL) — | | Law firm of contributor's spouse (if any) (FOR JUDICIAL) — | |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) — | | | |
| <p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p> | | | |

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: | |
| 2 FILER NAME <i>Jaime J. "JJ" Trevino Jr.</i> | | 3 Filer ID (Ethics Commission Filers) | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ <i>0.00</i> | |
| 5 Date <i>11/16/2023</i> | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>James and Kellie Oranca</i> | 8 Amount of Contribution \$ <i>547.68</i> | 9 In-kind contribution description <i>Food / beverage for campaign event</i> |
| 7 Contributor address; City; State; Zip Code <i>123 Winship Rd. Pleasanton TX 75064</i> | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) — | | 11 Employer (FOR NON-JUDICIAL)(See Instructions) — | |
| 12 Contributor's principal occupation (FOR JUDICIAL) — | | 13 Contributor's job title (FOR JUDICIAL)(See Instructions) — | |
| 14 Contributor's employer/law firm (FOR JUDICIAL) — | | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) — | |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) — | | | |
| Date <i>11/16/2023</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Justin and Jessica Rutz</i> | Amount of Contribution \$ <i>1,465.00</i> | In-kind contribution description <i>Food / beverage / catering for campaign event</i> |
| Contributor address; City; State; Zip Code <i>P.O. Box 39ourdantou TX 75026</i> | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) | | Employer (FOR NON-JUDICIAL)(See Instructions) | |
| Contributor's principal occupation (FOR JUDICIAL) | | Contributor's job title (FOR JUDICIAL)(See Instructions) | |
| Contributor's employer/law firm (FOR JUDICIAL) | | Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: | |
| 2 FILER NAME <i>Jaime J. "JJ" Trevino, Jr.</i> | | 3 Filer ID (Ethics Commission Filers) | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ <i>0.00</i> | |
| 5 Date <i>8/1/2023</i> | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Law Office of Jaime J. Trevino Jr. PLLC</i> | 8 Amount of Contribution \$ <i>476.30</i> | 9 In-kind contribution description <i>Campaign Signs</i> |
| 7 Contributor address; City; State; Zip Code <i>P.O. Box 163 Pleasanton TX 78064</i> | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) | | 11 Employer (FOR NON-JUDICIAL)(See Instructions) | |
| 12 Contributor's principal occupation (FOR JUDICIAL) | | 13 Contributor's job title (FOR JUDICIAL)(See Instructions) | |
| 14 Contributor's employer/law firm (FOR JUDICIAL) | | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |

| | | | |
|--|---|---|----------------------------------|
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of Contribution \$ | In-kind contribution description |
| | Contributor address; City; State; Zip Code | | |
| | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) | | Employer (FOR NON-JUDICIAL)(See Instructions) | |
| Contributor's principal occupation (FOR JUDICIAL) | | Contributor's job title (FOR JUDICIAL)(See Instructions) | |
| Contributor's employer/law firm (FOR JUDICIAL) | | Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|----------------------------|---|---------------------------------------|
| 1 Total pages Schedule F1: | 2 FILER NAME Jaime J. "JJ" Trevino Jr. | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|---|---------------------------------------|

| | |
|--------------------|------------------------------------|
| 4 Date 8/7/2023 | 5 Payee name City of Pleasanton |
|--------------------|------------------------------------|

| | | | | |
|-------------------------|------------------------------------|---------------------|--------------|-------------------|
| 6 Amount (\$) 500.00 | 7 Payee address; 108 Second St. | City; Pleasanton | State; TX | Zip Code 78064 |
|-------------------------|------------------------------------|---------------------|--------------|-------------------|

| | | |
|------------------------------------|---|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description Political Advertising |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

| | | | |
|---|------------------------------------|--------------------|------------------|
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name — | Office sought — | Office held — |
|---|------------------------------------|--------------------|------------------|

| | |
|-------------------|--|
| Date 8/31/2023 | Payee name Next Level Signs and Designs |
|-------------------|--|

| | | | | |
|-------------------------|-----------------------------------|---------------------|--------------|-------------------|
| Amount (\$) 1,175.60 | Payee address; 1612 W. Oaklawn | City; Pleasanton | State; TX | Zip Code 78064 |
|-------------------------|-----------------------------------|---------------------|--------------|-------------------|

| | | |
|-------------------------------|---|--|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description Political Signs / Advertising |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

| | | | |
|---|------------------------------------|--------------------|------------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name — | Office sought — | Office held — |
|---|------------------------------------|--------------------|------------------|

| | |
|------------------|-------------------------------|
| Date 9/5/2023 | Payee name Trophy Trucking |
|------------------|-------------------------------|

| | | | | |
|-----------------------|--|------------------|--------------|-------------------|
| Amount (\$) 500.00 | Payee address; 100 Glenborough Dr. Ste 408 | City; Houston | State; TX | Zip Code 70769 |
|-----------------------|--|------------------|--------------|-------------------|

| | | |
|-------------------------------|---|--------------------------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description Political Advertising |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

| | | | |
|---|------------------------------------|--------------------|------------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name — | Office sought — | Office held — |
|---|------------------------------------|--------------------|------------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 1 Total pages Schedule F1: | 2 FILER NAME Jaime J. "JJ" Trevino Jr. | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 8/24/2023 | 5 Payee name Pleasanton Express | |
| 6 Amount (\$) 119.00 | 7 Payee address; City; State; Zip Code 114 E. Goodwin St. Pleasanton TX 78064 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description Political Advertising |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name — | Office sought — |
| Date 10/2/2023 | Payee name Pleasanton Express | |
| Amount (\$) 187.90 | Payee address; City; State; Zip Code 114 E Goodwin St. Pleasanton TX 78064 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description Political Advertising |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name — | Office sought — |
| Date 11/11/2023 | Payee name Atascosa County Republican Party | |
| Amount (\$) 750.00 | Payee address; City; State; Zip Code 1306 Zanderson Ave. Jourdanton TX 78026 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Fees | Description Candidate Filing Fee |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name — | Office sought — |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|----------------------------|--------------|---------------------------------------|
| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|--------------|---------------------------------------|

| | |
|---------------------|---|
| 4 Date 9/24/2023 | 5 Payee name St. Matthew's Catholic Church |
|---------------------|---|

| | |
|------------------------|--|
| 6 Amount (\$) 55.00 | 7 Payee address; City; State; Zip Code 1608 Campbell Ave. Sourdanton TX 78026 |
|------------------------|--|

| | | |
|------------------------------------|---|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description Political Advertising |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

| | | | |
|--|------------------------------------|--------------------|------------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name — | Office sought — | Office held — |
|--|------------------------------------|--------------------|------------------|

| | |
|--------------------|---------------------------------------|
| Date 11/16/2023 | Payee name Michael Sheene Stockton |
|--------------------|---------------------------------------|

| | |
|-----------------------|--|
| Amount (\$) 300.00 | Payee address; City; State; Zip Code 10718 Tiger Horse Dr. San Antonio TX 78254 |
|-----------------------|--|

| | | |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Event Expense | Description Entertainment for campaign event |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

| | | | |
|--|------------------------------------|--------------------|------------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name — | Office sought — | Office held — |
|--|------------------------------------|--------------------|------------------|

| | |
|--------------------|----------------------------------|
| Date 11/22/2023 | Payee name City of Pleasanton |
|--------------------|----------------------------------|

| | |
|----------------------|--|
| Amount (\$) 25.00 | Payee address; City; State; Zip Code 108 second st. Pleasanton TX 78064 |
|----------------------|--|

| | | |
|------------------------|---|--------------------------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description Political Advertising |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

| | | | |
|--|------------------------------------|--------------------|------------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name — | Office sought — | Office held — |
|--|------------------------------------|--------------------|------------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: | 2 FILER NAME Jaime J "JJ" Trevino Jr. | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 10/16/2023 | 5 Payee name St. Matthew's Catholic Church | |
| 6 Amount (\$) 1,200.00 | 7 Payee address; City; State; Zip Code 1608 Campbell Ave Sourdanton TX 78026 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description Rental for campaign event |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name — | Office sought — |
| Date 12/11/2023 | Payee name Next Level Signs and Designs | |
| Amount (\$) 2,722.46 | Payee address; City; State; Zip Code 1612 W. Oaklawn Pleasanton TX 78064 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description Political signs/Advertising |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name — | Office held — |
| Date 12/18/2023 | Payee name Tractor Supply Co. | |
| Amount (\$) 41.12 | Payee address; City; State; Zip Code 1715 W. Oaklawn Pleasanton TX 78064 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description Campaign sign hanging supplies |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name — | Office held — |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: | 2 FILER NAME James J "JJ" Trevino Jr. | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 12/18/2023 | 5 Payee name Tractor Supply Co. | |
| 6 Amount (\$) 204.24 | 7 Payee address; City; State; Zip Code 1715 W. Oaklawn Pleasanton TX 78064 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description campaign sign hanging supplies |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name — | Office sought — |
| Date 12/12/2023 | Payee name Pleasanton Express | |
| Amount (\$) 456.00 | Payee address; City; State; Zip Code 114 E. Goodwin St. Pleasanton TX 78064 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description Political Advertising |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name — | Office held — |
| Date 12/15/2023 | Payee name Pleasanton Lions Club | |
| Amount (\$) 1,000.00 | Payee address; City; State; Zip Code 114 Wyoming St. Pleasanton TX 78064 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description Political Advertising |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name — | Office held — |

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 1 Total pages Schedule G: | 2 FILER NAME <i>Jaime J. "JJ" Trevino Jr.</i> | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>11/13/2023</i> | 5 Payee name <i>4 imprint</i> | |
| 6 Amount (\$) <i>499.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code <i>101 Commerce St. Oshkosh WI 54901</i> | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>Event Expense</i> | (b) Description <i>Branded items for campaign event</i> |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name <i>-</i> | Office sought <i>-</i> |
| | | Office held <i>-</i> |
| Date | Payee name | |
| Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought |
| | | Office held |
| Date | Payee name | |
| Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought |
| | | Office held |

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

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| 1 Total pages Schedule F1: | 2 FILER NAME <i>Jaime J. "JJ" Trevino Jr.</i> | 3 Filer ID (Ethics Commission Filers) |
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| 4 Date <i>12/23/2023</i> | 5 Payee name <i>M.G. Building Materials</i> |
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|-------------------------------|--|----------------------------|---------------------|--------------------------|
| 6 Amount (\$) <i>43.30</i> | 7 Payee address; <i>1734 W. Oaklawn</i> | City; <i>Pleasanton</i> | State; <i>TX</i> | Zip Code <i>78064</i> |
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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i> | (b) Description <i>campaign sign hanging supplies</i> |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

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| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name <i>-</i> | Office sought <i>-</i> | Office held <i>-</i> |
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| Date <i>12/23/2023</i> | Payee name <i>M.G. Building Materials</i> |
|---------------------------|--|

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|------------------------------|--|----------------------------|---------------------|--------------------------|
| Amount (\$) <i>136.79</i> | Payee address; <i>1734 W. Oaklawn</i> | City; <i>Pleasanton</i> | State; <i>TX</i> | Zip Code <i>78064</i> |
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| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i> | Description <i>campaign sign hanging supplies</i> |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

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|---|---|---------------------------|-------------------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name <i>-</i> | Office sought <i>-</i> | Office held <i>-</i> |
|---|---|---------------------------|-------------------------|

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|------|------------|
| Date | Payee name |
|------|------------|

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|-------------|----------------|-------|--------|----------|
| Amount (\$) | Payee address; | City; | State; | Zip Code |
|-------------|----------------|-------|--------|----------|

| | | |
|------------------------|---|-------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

| | | | |
|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

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