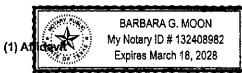
CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

			· · · · · · · · · · · · · · · · · · ·	
The C/OH Instruction C	Buide explains how	v to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR	FIRST Jaime	- <u>MI</u>	OFFICE LISE ONLY Date Recover 5 COSA
	NICKNAME	INEUINO	SUFFIX	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	P.O. Box	C; APT / SUITE #;	CITY; STATE; ZIP CODE	FEB 2 6 2024 TY
Change of Address				COTIONS
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	PRuply
6 CAMPAIGN TREASURER NAME	MS/MRS/MR My	FIRST Matthew	MI .	Receipt# / Amount \$ Date Processed
	NICKNAME	trank(in	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		(NO PO BOX PLEASE); APT / S S.T.C.M. S.F.	suite#, city; Pleasanton	STATE; ZIP CODE TX 7806+
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 el	lection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year / 26 / 2024	Month THROUGH のこ	Day Year /24 /2024
11 ELECTION	ELECTION DA	ATE	ELECTION TYPE	
II ELECTION	Month Day	Year Primary		
	03/05/	·		
12 OFFICE	OFFICE HELD (if any)	Pleasanton City	4 13 OFFICE SOUGHT (if known	•)
	Council,	District 3	Atuscosa (County Attorney
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE	CE OF POLITICAL CONTRIBUTIONS CEHOLDER. THESE EXPENDITURE	ACCEPTED OR POLITICAL EXPENDITURES MES MAY HAVE BEEN MADE WITHOUT THE CAND	IADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(3)	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TRE	EASURER NAME	
		COMMITTEE CAMPAIGN TR	REASURER ADDRESS	
GO TO PAGE 2				

CANDIDAT CAMPAIGN	FORM C/OH COVER SHEET PG 2				
15 C/OH NAME Jame	5 "JJ" Trevino Sr.	16 Filer ID (Ethics Commission Filers)			
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 50.00			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,150.00			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 68,31			
!	4. TOTAL POLITICAL EXPENDITURES	\$ 5,507,94			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	TDAY \$ 11. 012.05			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF 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 Car	ndidate of Officeholder			
	Please complete either option below	:			



NOTARY STAMP/SEAL

Sworn to and subscribed before	e me by Jaime J. The	vino	<u> </u>	is the <u>23</u> °	دا day of <u>F</u>	ebruary.
20 24 , to certify which	, witness my hand and seal of office.					3
Barbare SY be	en Barbara Gr.	Moon			Notury	Roblic
Signature of officer administering or	ath Printed name of office	er administeri	ing oath		Title of office	r administering oath
		OR				
(2) Unsworn Declaration						
My name is		, aı	nd my date of	birth is		·
My address is		·			,,	·
	(street)		(city)	(state)	(zip code)	(country)
Executed in	County, State of	_ , on the	day of _	(month)	, 20 (year)	·
			Signature of	Candidate/Of	iceholder (Dec	larant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Cor	nmiss	ion Filers)	
	Jaime J. "JJ" Inevino, Jr.			
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	3,100-00	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	್ರ.ೞ	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	0.00	
4.	SCHEDULE E: LOANS	\$	O. 800	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	5, 439,63	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	C. CO	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$	උ න	
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	0.00	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	0.00	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	0.00	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	0.00	

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	ume J. "JJ" Trev(no:	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor ut-of-state PAC		7 Amount of contribution (\$)	
1/28/2024	Sue Ellen Tabor 6 Contributor address; City; 4101 Menger San Antonio	State; Zip Code ———————————————————————————————————	\$1,000.00	
8 Principal occu	pation / Job title (See Instructions) ——	9 Employer (See Instructi	ons)	
Date		(ID#:)	Amount of contribution (\$)	
1/28/2024	Vang Cha Burnam Contributor address; City; 1211 Live Oah St. Pleasant	State; Zip Code UN TX 78064	\$600.00	
Principal occup	ration / Job title (See Instructions)	Employer (See Instructi	ons)	
Date		(ID#:)	Amount of contribution (\$)	
McDaniel Family Limited Partnership 1/30/2024 Contributor address; City; State; Zip Code \$1,000.5 927 Mitch Thomas Rd. Pleasanton TX 7800et				
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ans)	
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)	
212/2024	Pat and Suzanne Schuch Contributor address; City; 300 La Clebu Dr. Jourdant	State; Zlp Code on TX 78026	\$500.00	
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
	ATTACH ADDITIONAL COPIES C			
	If contributor is out-of-state PAC, please see Instru	iction guide for additional re	eporting requirements.	

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 Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID	(Ethics Commission Filers)
	1	10 Jr.	
4 Date	5 Payee name	-	
215/2024	7 Payee address;	re Supplies	
6 Amount (\$)	7 Payee address;	City; II Sta	ate; Zip Code
\$ 295.47	105 E. Johnson St.	Pleasanton TX	78064
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Political Advert	ising
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officehol	der living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
2/6/2024	Our lady of Gircece C	atholic School	, l
Amount (\$)	Payee address;	City; Sta	ate; Zip Code
41,500.00	626 market st.	Pleasanton TX	78064
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Political A	duertising
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officehol	ider living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
2/22/2024	Mammoth Marketu	ng Guoch	
Amount (\$)	Payee address;	City; St	ate; Zip Code
\$3,644,16	4500 Bissonnet St. Ste 370	Bellaine T)	x 77401
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Political Ac	<i>lcertising</i>
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officehol	der living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

CANDIDA' CAMPAIG	FORM C/OH COVER SHEET PG 1			
The C/OH Instruction	Guide explains hov	w to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR Mr.	- FIRST Jame	MI	OFFICE USE ONLY
	NICKNAME	- LAST THEVINO	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS			nton TX 780le4	Date Received COSA COUNTY FEB 0 5 2021
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-detograd or Dat Odsamarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MC NICKNAME	Matthew LAST	****************************	Receipt # Amount \$ Date Processed
		Franklin	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS		(NO PO BOX PLEASE); APT/SU SCITCH St. ?	·	STATE: ZIP CODE TX 780CEY
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
9 REPORT TYPE	January 15	30th day before ele	ection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
10 PERIOD	July 15	8th day before elec	tion Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
COVERED	Month	Day Year OI / ZOZ-(THROUGH O(Day Year / 25 / 2024
11 ELECTION	Month Day	Year Primary	Runoff Other Description	
12 OFFICE	1 - 1	Pleasanton (
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE THE CANDIDATE / OFFICE CONSENT. CANDIDATES	DISTRICT 3 E OF POLITICAL CONTRIBUTIONS AND DEFICEHOLDER. THESE EXPRIDITURES AND DEFICE HOLDERS AND DEFICE	CCEPTED OR POLITICAL EXPENDITURES MA	DUNTY Attorney DE BY POLITICAL COMMITTEES TO SUFFORT DATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	20 TO REPORT THIS INFORMATION ONLY IF TH	DATE'S OR OFFICEHOLDER'S KNOWLEDGE OR HEY RECEIVE NOTICE OF SUCH EXPENDITURES.
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TREAS	SURER NAME	
		COMMITTEE CAMPAIGN TREA	SURER ADDRESS	
		GO TO P	AGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

	TI MANGE REPORT	
15 C/OH NAME	Ime J. "IJ" Trevius, Jr.	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	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 LAS OF REPORTING PERIOD	
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	F THE \$ 0.00
rec	wear, or affirm, under penalty of perjury, that the accompanying report is true quired to be reported by me under Title 15, Election Code.	
	Signature of Ca	ndidate or Officeholder
(1) Affidavita of My	Please complete either option below BARBARA G MOON Stary ID #132408982 Commission Expires March 18, 2024	
NOTARY STAMP/SEAL	before me by June J. Thermo Jr. this the which, witness my hand and seal of office.	
Sworn to and subscribed	before me by Januar J. Thereing To this the	4th down to tal office
20 24 to certify	which witness my hand and spol of office	day or repruding,
Bullond	Masn Barbara G. Moon	11.
Signature of officer administer	7.700 / 1301 Daily 0.1 10011	Notary Fublic
	times value of small asimilistering sam	Title of officer administering oath
(0) 11	OR	
(2) Unsworn Declaration	ın	
My nama ia		
	, and my date of birth is	
My address is		
	(street) (city) (st	tate) (zip code) (country)
Executed in	County, State of, on the day of(month)	, 20 (year)
	(month)	y (year)
	Signature of Candid	ate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME					
	Jaime J. "JJ" Trevino, Jr.					
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT				
1.	SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS	\$ 250.00				
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 6.00				
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 6.00				
4.	4. SCHEDULE E: LOANS					
5.	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS					
6.	\$ 3,193,94					
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS					
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD					
9.	9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS					
10.	10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH					
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00				
12.						

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:	
FILER NAME		3 Filer ID (Ethics Commission Filers)	
	Jaime J. "JJ" Trevino, Jr.		
Date	5 Full name of contributor Out-of-state PAC (ID#:)	7 Amount of contribution (\$)	
11/2024	Ryan and Jerayn Novale 6 Contributor address; City; State; Zip Code 2769 Lucas Rd. Floresville TX 78114	250,00	
	2764 Lucias Kd. Floresville 170 78114		
Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)	
Date	Full name of contributor	Amount of contribution (\$)	
	Contributor address; City; State; Zip Code		
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)	
Date	Full name of contributor	Amount of contribution (\$)	
	Contributor address; City; State; Zip Code		
Principal occup	eation / Job title (See Instructions) Employer (See Instruc	tions)	
Date	Full name of contributor	Amount of contribution (\$)	
	Contributor address; City; State; Zip Code		
Principal occup	ation / Job title (See Instructions) Employer (See Instructions)	ions)	

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) Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Fees Polling Expense

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Food/Beverage Expense Gift/Awards/Memorials Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries		ravel Out Of District ther (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)	
3	Jame J. "JJ" Tree	ous Ir	, merey	
4 Date				
1/4/2024	Next Level Signs at 7 Payee address;	nd Design i		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
1,461,38	1612 W. Callacin	Pleasanton	TX 78064	
		1 (Company) (Co.,	(10 1000)	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE			,	
OF	Advertising Expense	Political si	gns ladurtising	
EXPENDITURE			J	
	(c) Check if travel outside of Texas. Complete Schedule T.	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	Payee name			
1/7/2024	Tractor Supply Co.			
Amount (\$)	Payee address;	City;	State; Zip Code	
3,25	1715 w. Oahlawn	Pleasanton		
- (() EUSTIN LOW	TX 78069	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE		1	area transcotta	
OF EXPENDITURE	Advertising Expense	· .u	sign hunging	
EAFEMUITURE		supplies	<u> </u>	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense	
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
			<u>~</u>	
Date	Payee name			
1/8/2024				
1101007	tractor Supply Co			
Amount (\$)	Payee address;	Clty;	Ot-4 77 O 1	
79.40	s week a summer .	_	State; Zip Code	
	1715 is, carlain	pleasanton	TX 78064	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	21 - 1 - E	000,001000 &	dena transcritore	
OF EXPENDITURE	Advertising Expense	1 7	sign hanging	
 -		Supplies		
	Check if travel outside of Texas. Complete Schedule T.	Check If Austin, TX, e	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				
	THIS:	SCHEDULE AS NEEDFD		

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/Fundralsing Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Contributions/Donations Made By 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) Janney" J.J" 5 Payee name 1/9/2024 Iractor 6 Amount (\$) 7 Payee address; State: Zip Code 57,25 1715 W. Oaklawn Pleasanton 78064 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Advertising Expense Campaign sign heunging OF EXPENDITURE Supples 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 Pavee name 1/18/2024 Next Level Signs and Designs Amount (\$) Pavee address: State: Zip Code 523.43 1612 W. Callaun Reasanton 78064 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Political signs/advertising Advertising Expense 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 Pavee name 1/18/2024 Amount (\$) State: Zìp Code 1,014,13 3550 CR 430 Pleasan ton 1806 Y Category (See Categories listed at the top of this schedule) Description **PURPOSE** Advertising Expense Political signs advertising OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

Candidate / Officeholder name

Office held

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 Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundralsing Expense Transportation Equipment & Related Ex

	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NEEDED
expenditure to benefit C/OH	Januario, Omoendidei hame	Office sought Office held
Complete ONLY if direct	Check if travel outside of Texas. Complete Scho	The state of
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch	
Amount (\$)	Payee address;	City; State; Zip Code
Date	Payee name	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	Check if travel outside of Texas. Complete Sch	edule T. Check if Austin, TX, officeholder living expense
PURPOSE OF EXPENDITURE	Advertising Expen	se campaign sign hunging
	Category (See Categories listed at the top of this sci	nedute) Description
52,93	1715 w. Oahlaw	n Pleasanton TX 78064
Amount (\$)	Payee address;	City; State; Zip Code
1/21/2024	Tractor Supply	Cu
Date	Payee name	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
	(c) Check if travel outside of Texas. Complete Sci	
PURPOSE OF EXPENDITURE	Advertising Expens	c compaign sign hunging
8	(a) Category (See Categories listed at the top of this s	chedule) (b) Description
2.17	1715 W. Oahlawn	Pleusanten TX 780CeY
6 Amount (\$)	7 Payee address;	City; State; Zip Code
1/20/2024		()
4 Date	5 Payee name	Ivens Jr.
1 Total pages Schedule F1:	الا سيسير السيسي السيسير السير السير السير السير السير السير السيسير السيسير السير الس	3 Filer ID (Ethics Commission Filers)
·	The Instruction Guide explains	s how to complete this form.
Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Polling Expense Travel In District Printing Expense Travel Out Of District Salaries/Wages/Contract Labor Other (enter a category not listed above)

CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 3 CANDIDATE / MS / MRS / MR FIRST OFFICE USE ONLY **OFFICEHOLDER** aime NAME NICKNAME SUFFIX revino ٦٢ 4 CANDIDATE/ ADDRESS / PO BOX; APT / SUITE #: STATE: ZIP CODE **OFFICEHOLDER** 7806Y MAILING P.O. Box 1623 Pleasanton **ADDRESS** Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER EXTENSION **OFFICEHOLDER** PHONE Receipt # Amount \$ MS / MRS / MR 6 CAMPAIGN FIRST МΙ **TREASURER** Mr. Matthew NAME Date Processed NICKNAME SUFFIX Date Imaged Franklin STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CAMPAIGN STATE: ZIP CODE **TREASURER** Preston St. Pleasan ton 120 てと 78064 **ADDRESS** (Residence or Business) CAMPAIGN AREA CODE PHONE NUMBER EXTENSION **TREASURER** PHONE 9 REPORT TYPE January 15 30th day before election 15th day after campaign Runoff treasurer appointment (Officeholder Only) Exceeded Modified 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month Day Month COVERED ツィ ળ 2023 THROUGH 31 12 2023 ELECTION DATE 11 ELECTION ELECTION TYPE Primary Other Month Day Description General Special 03/05/2024 12 OFFICE OFFICE HELD (If any) Placescenton 13 OFFICE SOUGHT (if known) City Council, Dist 3 Atuscosa County AHOrney 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 OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. 14 NOTICE FROM **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

CAMPAIGN	I FINANCE REPORT	
5 C/OH NAME	c J. "J" Trevino, Jr.	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 10000
	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	\$ 11,077,625
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS	\$ 12,859,03
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	F THE \$ O.CO
	swear, or affirm, under penalty of perjury, that the accompanying report is trulequired to be reported by me under Title 15, Election Code.	e and correct and includes all information
•		
	Please complete either option below	w:
•		•
		•
(1) Affidavit		
Notary I	W K FRANKLIN D #128655891 #ksion Expires = 24, 2027 D Delore me by Jame J. (Neuing Jr., this the	17th day of Time airs
Sworn to and subscribe		day or <u>servecer</u>
20 29 , to certi	fy which, witness my hand and seal of office.	2.00
Twith note		Notary Public Title of officer administering oat
Signature of officer adminis	stering oath Printed name of officer administering oath	itie or omicer administering oat
	OR	
(2) Unsworn Declara	ation	
My name is	, and my date of birth	is
	(street) (city)	(state) (zip code) (country)
Executed in	County, State of, on the day of	, 20 (vear)
	<u> </u>	
1	Signature of Can	didate/Officeholder (Declarant)

SUBTOTALS - C/OH

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

19					
	Jaime J "JJ" Trevino Jr.				
	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT			
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 23,437,68			
. · 2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 2,937,88			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0,00			
4.	SCHEDULE E: LOANS	\$ 0,00			
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 10,578,45			
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS				
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS				
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD				
9.	9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS				
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/O	در، ٥٠٠ \$			
11.	11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS				
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 6.00			

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			3 Filer ID (Ethics Commission Filers)	
Jo	ume J. "JJ" Trevin	0 Jr.		
4 Date	5 Full name of contributor ut-of-state PAC		7 Amount of contribution (\$)	
	Jame Trevino Jr.			
7-14-2023		State; Zip Code	2,500.00	
	P.O Box 163 Pleasante	· · · · · · · · · · · · · · · · · · ·		
		on the today		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)	
Date		(10#:)	Amount of contribution (\$)	
	Consula Inecuma		(4)	
814/2023	Conscielo Trevino Contributor address; City;	State: Zip Code	1,000-00	
	2026 Yosemite Pleasanto		4,000	
	20 20 103EDITLE (ICHISAN (8	W (% 1500)		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)	
Date		(ID#:)	Amount of contribution (\$)	
	Jame Thering Jr. Contributor address; City;		***	
8/18/2023	Contributor address; City;	State: Zip Code	1,000,00	
	2.0 Box 163 Pleasanton	TX 78064	1,000	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)	
Date	Full name of contributor out-of-state PAC	: (ID#)	Amount of contribution (\$)	
	Yang Cha Burnam		(4)	
8/18/2023	Contributor address; City;	State; Zip Code	150.00	
, , ,	1211 Live care St. Pleasanton	` ` ` ` .	130.	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)	
	- w :			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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	ime J. "JJ" Thewino	, J v.	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor		7 Amount of contribution (\$)
9/1/2023	Wayne Schechart 6 Contributor address; City; 3835 W. SH 97 Jourdantee	State; Zip Code	500,00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date		(ID#:)	Amount of contribution (\$)
10/3/2023	Scott Sager contributor address; City; 25130 Cove End San Autonio	State; Zip Code	500.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date ,	Full name of contributor	(ID#:)	Amount of contribution (\$)
10/17/2023	Julie P. Novale Contributor address; City; 2879 Lucus Pd. Floresvill	State; Zip Code e TX 78114	200.00
Principal occuj	oation / Job title (See Instructions)	Employer (See Instruct	lons)
Date		(ID#:)	Amount of contribution (\$)
1013012023	312020 Contributor address; City; P.C. Box 367 Pleasunton	State; Zip Code TX 780le 1	1,000.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)		iions)	

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SCHEDULE A1

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

	ed information is not applicable, DO NOT INC	nade tina page in the i	ероп.
The	Instruction Guide explains how to complete this	form,	1 Total pages Schedule A1:
FILER NAME	Jaime J. "JJ." Trevino	Jr.	3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor ut-of-state PAC	•	7 Amount of contribution (\$)
11/2/2023	Jessica and Philip Tom 6 Contributor address; City; 770 (c. Rel. 412 Campbellton	State; Zip Code	2,500-00
		9 Employer (See Instruct	ions)
Date	_	(ID#:)	Amount of contribution (\$)
11 18/2023	Shewon Shearner Contributor address; City; P.O. Box 764 Pleasunton	State; Zip Code	200. 53
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	lions)
Date	Full name of contributor aut-of-state PAC	(ID#:)	Amount of contribution (\$)
116/2023	Contributor address; City; 131 Deer 12un Pleasanton	i	SO. ===
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor		Amount of contribution (\$)
1/16/2023	Clifton and Deborah He Contributor address; City; 1721 Clover Ruge Pleasanton	State: Zip Code	100. ces
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)

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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." Trevine. Jr.	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
11/16/2023	James M. Mardy 6 Contributor address; City; State; 7.0. Eax 295 Jourdanton TX	78026
8 Principal occu	pation / Job title (See Instructions) 9 Employ	yer (See Instructions)
Date	Full name of contributor	Amount of contribution (\$)
11/14/2023	Roman and Terri Cuerus Contributor address; City: State; 3350 CR 430 Planto TX -	
	3350 CR 430 Pleasanton TX 7	180le4
Principal occup	eation / Job title (See Instructions) Employ	yer (See Instructions)
Date	Full name of contributor	,
11/16/2023	Yang Cha Burnam Contributor address; City; State; 1211 Live Cash St. Pleascenton TX	ZIp Code 200.00
Principal occup	pation / Job title (See Instructions) Employ	yer (See Instructions)
Date	Full name of contributor	
11/16/2023	_	Zip Code 2503
Principal occup	pation / Job title (See Instructions) Employ	yer (See Instructions)

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SCHEDULE A1

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

The treatment of the Children washing been to complete this form	1 Total pages Schedule A1:
The Instruction Guide explains how to complete this form.	
Jame J. "JJ." Trevino Jr.	3 Filer ID (Ethics Commission Filers)
Date 5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
11/16/2023 Roger Wells 6 Contributor address; City; State; Zlp Code P.O. Box 216 Reasonian TX 78064	250.00
Principal occupation / Job title (See Instructions) 9 Employer (See Instruc	ctions)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
Ulctor Trevino (1/16/2023 Contributor address; City; State; Zip Code 853(Athenian universal TX 76148	300,00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ctions)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
Tong and Kim Schuchart Contributor address; City; State; Zip Code Po. Box 217 Jourdanton TX 78026	500,50
Principal occupation / Job title (See Instructions) Employer (See Instru	actions)
Date Full name of contributor ☐ out-of-state PAC (ID#:	Amount of contribution (\$)
il (16/2023 Contributor address; City; State; Zip Code P.O. Box 95 Jourdanton TX 78026	500.00
	uctions)

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SCHEDULE A1

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

The 1	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Jame J. "JJ" Trevino Jr.	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
11/14/2023	D. Espinoza Equipment Services LLC 6 Contributor address; City; State; Zlp Code 3326 Butler Pass Sur Antonio TX 78223	500. ~°
8 Principal occup	pation / Job title (See Instructions) 9 Employer (See Instru	uctions)
Date	Full name of contributor out-of-state_PAC (ID#:	Amount of contribution (\$)
11/16/2023	Robert Sheine Sillivent Contributor address; City; State; Zip Code 227 Liberty in. Pleusenion TX 7800	500.
Principal occup	pation / Job title (See Instructions) Employer (See Instru-	ructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
ii/(u(zoz3	Justin P. Tom Contributor address; City; State; Zip Code P.C. Box 21 Campbellton TX 78008	500.00
Principal occu	pation / Job title (See Instructions) Employer (See Instru	ructions)
Date	Full name of contributor out-of-state PAC (ID#:	_) Amount of contribution (\$)
11/16/2023	Jasik Field Services, UC Contributor address; City; State; Zip Code 703 w. Oaklawn Pleasanton TX 7806	1,000.00
Principal occu	pation / Job title (See Instructions) Employer (See Inst	tructions)

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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" Treviu	o Iv	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	(ID#:)	7 Amount of contribution (\$)
11 /14/2023	Lorenz Field Services, LCC 6 Contributor address; City; State; Zip Code 10947 E Huy 47 Pleusunton TX 780LeY		1,000.50
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ions)
Date		(1D#:)	Amount of contribution (\$)
11/17/2023	Showe Schechart Contributor address; City; 901 Christine Rd Jourdanta	State; Zip Code n TX 78026	250.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)			ions)
Date .	Full name of contributor	(ID#:)	Amount of contribution (\$)
11/17/2023	8610 Broadway Ste250	State; Zip Code	500.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	(10#:)	Amount of contribution (\$)
11/20/2023	Travis and Rhonda Will Contributor address; City; 348 Edgehill Dr. Pleusanton	State; Zip Code	300.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	tions)

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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	Jame J. "JJ" Trevino	o Jr.	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor ut-of-state PAC		7 Amount of contribution (\$)
11/20/2023	Pablo and Erin Benavid 6 Contributor address; City; 118 Brittany Dr. Sun Antonio	State; Zip Code	437.68
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	lons)
Date	Full name of contributor		Amount of contribution (\$)
11/20 12023	Wesley and Mayen St Contributor address; City; 237 Parklane Dr. Olmos Park	State; Zlp Code TX 78 Z1 Z	250.
Principal occupation / Job title (See Instructions) Employer (See Instructions)			ions)
Date .	Full name of contributor out-of-state PAC	(10#:)	Amount of contribution (\$)
11/20/2023	Junes L. Donnell, Jr. Contributor address; City; 10721 Confidence St. San Anton	State; Zip Code	500.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)			
Date		(ID#:)	Amount of contribution (\$)
110[2023	Michael T. Gatons Contributor address; City; 2922 Sir Phillip A. San Anton	State; Zip Code	200.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)

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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			3 Filer ID (Ethics Commission Filers)
***	Jame J "JJ" Trevino	<u> </u>	
4 Date		(ID#:)	7 Amount of contribution (\$)
	_		, , , , , , , , , , , , , , , , , , ,
11/20/2023	Clifton and Amy Shea 6 Contributor address; City;	urrer	200.00
	6 Contributor address; City;	State; Zip Code	
1	1073 St. Augustne Rd. Pleasunte	n TX 78cley	
8 Principal occur		9 Employer (See Instruct	ions)
	_		
Date	Full name of contributor	(1D#:)	Amount of contribution (\$)
11/28/7073	Walter K and Mary Fra	enklin	
1110-10-23	Contributor address; City	State; Zip Code	300.
	Walter K and Mary Fra contributor address; City P.O. Box 346 Tilden	TX 78072	
		.,	
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
	December 4 1 To		•.,
11/28/2023	Patrick Hurley, Jr. Contributor address; City; P.O. Box 440 Reasonton		300,03
	Contributor address; City;	State; Zip Code	300
	10 Box 940 Heasunton	(X 75069	
Principal occu	pation / Job title (See Instructions)	Employer (See instruc	tions)
	~		
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Harold and Dolones Gull	29	5 . 520
12/4/2023	Contributor address; City;	State; Zip Code	2,000.00
	2817 N- FM 108 Smiley -	TX 78159	
Principal occur	Principal occupation / Job title (See Instructions) Employer (See Instructions)		
i illioipai ooda			
		<u> </u>	
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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		3 Filer ID (Ethics Commission Filers)
	Jaime J. "J" Trevino Jr.	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
12/6/2023	Jesse and Christina Evins	4 5-124 643
	6 Contributor address; City; State; Zip Code	1,500.00
	536 Bonita Creek Dr. Pleasanton TX 7806	-4
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See I	<u></u>
Date	Full name of contributor	Amount of contribution (\$)
12/4/2023	Nelda Cusares Contributor address; City; State; Zip Code 610 w. Caidawh Paisanton TX 7806	100,00
	les to californ Heisenton TX 7806	-4
Principal occup	pation / Job title (See Instructions) Employer (See I	instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
12/12/2023	Tames and Tune Andres Zip Code	200.00
	637 Acer Trad Dr. Jourdanton TX 7500	e4
Principal occu	pation / Job title (See Instructions) Employer (See	Instructions)
Date	Full name of contributor	Amount of contribution (\$)
12/20/2013	La Mesa Restaurant Contributor address; City; State; Zip Code 8465 N. SHILE Potect TX 78UL	
Principal occu	pation / Job title (See Instructions) Employer (See	Instructions)
<u> </u>		
[
		

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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. "55" Trevions Jr.	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
12/22/2023	Jerone and Patsy Schnenert 6 Contributor address; City; State; Zip Co PO. 130x 916 Journanton TX 750	500,00
	pation / Job title (See Instructions) 9 Employer (See	
Date	Full name of contributor uut-of-state PAC (ID#:	Amount of contribution (\$)
12/22/2023	15 leale Thrush Gate, LP Contributor address; City; State; Zip C P.C. Box 310 Cuerrate TX 780	ode /00'
Principal occup	pation / Job title (See Instructions) Employer (S	ee Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
	Contributor address; City; State; Zip C	ode
Principal occu	pation / Job title (See Instructions) Employer (S	ee Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
	Contributor address; City; State; Zip Co	<u> </u>
Principal occu	pation / Job title (See Instructions) Employer (S	See Instructions)

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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

Th	e Instruction Guide explains how to complete this form	•	1 Total pages Schedu	ıle A2:	
2 FILER NAME	Jame J. "JJ" Trevino J	- - -	3 Filer ID (Ethics Commission Filers)		
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE		\$ 0.00		
10 Principal occ	6 Full name of contributor out-of-state PAC (ID#:	11 Employe	8 Amount of 9 In-kind contribution Contribution \$ description 180. Storage wart for Campuryn Materials er (FOR NON-JUDICIAL)(See Instructions) utor's job title (FOR JUDICIAL) (See Instructions) m of contributor's spouse (If any) (FOR JUDICIAL)		
16 If contributor	16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor out-of-state PAC (ID#: The Otter Shetyless Contributor address; City; State; 1301e Zunderson Jaurdanton TX cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Zip Code 7802し	Amount of Contribution \$ 268,90 Check if travel outs rer (FOR NON-JUDICI	I In-kind contribution I description I Beverages for I Compary exact I Ide of Texas. Complete Schedule T. AL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL) Cont		Contrib	ontributor's job title (FOR JUDICIAL)(See Instructions)		
_	s employer/law firm (FOR JUDICIAL) or is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	Law fir	m of contributor's spou	ise (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 Schedu	ule A2:
2 FILER NAME Jame J. "JJ" Trevino Jr.		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBU	SNOITL	\$ 0.00	.)
5 Date 6 Full name of contributor out-of-state PAC (ID#:	Tip Code 780WY	Contribution \$ 5 47、ほど Check if travel outsi	9 In-kind contribution description Face (bevarage tor cumpury 1 event event event AL)(See Instructions)
		_	
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contribu	tor's job title (FOR JU	JDICIAL) (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)			
Date Full name of contributor out-of-state PAC (ID#		Amount of Contribution \$	In-kind contribution description Ford (beverage) cutering terr Country terr Country terr Ide of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)			AL)(See instructions)
Contributor's principal occupation (FOR JUDICIAL)	Contribu	itor's job title (FOR JU	JDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)	Law firm	irm 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 TI			na realitremente

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 Jame J. "JJ" Trevino, Jr.		· ·	3 Filer ID (Ethics Commission Filers)	
	F UNITEMIZED IN-KIND POLITICAL CONTRIE		\$ 0.00	
	6 Full name of contributor out-of-state PAC (ID#:		8 Amount of 9 In-kind contribution description 4 76.30 Counting of Signs Check If travel outside of Texas. Complete Schedule T	
70 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	, 11 Employe	er (FOR NON-JUDICIAL)(See Instructions	s)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instru	ctions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n 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	Zip Code	Amount of In-kind contribution \$ description	
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions	
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instru	ctions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	m of contributor's spouse (if any) (FOR JU	DICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	l		······································
	ATTACH ADDITIONAL COPIES OF 1			

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/Political	Committee Legal Services Salaries/		Travel Out Of District 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		Filer ID (Ethics Commission Filers)
	Jaime J. "JJ"-		
4 Date	5 Payee name		
8/7/2023	City of Pleasantor 7 Payee address;	1	
6 Amount (\$)	7 Payee address;		State; Zip Code
500.00	108 Second St.	Pleasanton	TX 78064
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Political	Advertising
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
8/31/2023	Next Level Signs and	Designs	
Amount (\$)	Payee address;	City;	State; Zip Code
1,175.60	1612 w. caklawn	Pleasanton	TX 78064
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Political	Signs Advertising
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held —
Date	Payee name		
9/5/2023	Trophy Trucking		
Amount (\$)	Payee address;	City;	State; Zip Code
500.00	100 Glenburaugh Dr. Ste 408	Houston	TX 70767
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Political	Advertising
	Checkif travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH	_	_	~
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Sollcitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment		Vages/Contract Labor Other (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
		revino Ir.	
4 Date	5 Payee name		
8/24/2023	Pleasanton Express		
6 Amount (\$)	7 Payee address;	City; State; Zlp Code	
119.00	114 E. Goodwin St.	Pleasanton TX 780let	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Political Advertising	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
2505/5/01	Pleasanton Express		
Amount (\$)	Payee address;	City; State; Zip Code	
187.90	114 E Goodwin St.	Pleasanton TX 78064	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Political Advertising	
	Check If travel outside of Texas, Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete ONLY If direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
11/11/2023	Atascosa County Repu	ublican Party	
Amount (\$)	Payee address;	City; State; Zip Code	
750.00	1306 Zanderson Ave.	Jourdanton TX 78026	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Fecs	Condidate Filing Fee	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

Candidate/Officeholder/Politica	Il Committee Legal Services Salaries/M	Vages/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)	
4 Date	5 Payee name	<u></u>		
9/24/2023	St. Matthew's Catholic	Church		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
55.00	1608 Campbell Ave.	Sourdanton	7X 780260	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Political	1 Advertising	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
11/16/2023	Michael Share Stoc	ikton		
Amount (\$)	Payee address;	City;	State; Zip Code	
300.00	10718 Tiger Horse Dr. 9	ban Antonio	TX 78254	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Even + Expense	Description Enterteun Campaign	ment for event	
	Check if travel outside of Texas, Complete Schedule T,	Check If Austin	n, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
11/22/2023	City of Pleasanto	n		
Amount (\$)	Payee address;	City;	State; Zip Code	
25-co	108 second st. P	leasanton	TX 78064	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Politica	1 Advertising	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
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SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/FundraisIng Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to a	vages/Contract Labor Other (enter a category not liste complete this form.	ed above)
1 Total pages Schedule F1:	2 FILER NAME JULIME J "JJ" (r	eurojv. 3 Filer ID (Ethics Commis	ssion Filers)
4 Date	5 Payee name	000000	
10/16/2023	St. Matthew's Catho	lic Church	
6 Amount (\$)	7 Payee address;	· · · · · · · · · · · · · · · · · · ·	Code
1,200,00	1608 Campbell Ave	Jourdanton TX 780	250
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Event Expense	Rental for campaign e	vent.
,	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	_
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office h	eld
Date	Payee name		
12/11/2023	Next Level Signs and	Designs	
Amount (\$)	Payee address;	City; State; Zip (Code
2,722.46	1612 W. Oaklawn	Acasanton TX 780	Ket
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Political signs/Adverti	sing
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office h	eld
Date	Payee name		
12/18/2023	Tractor Supply Co.		
Amount (\$)	Payee address;	City; State; Zip C	Code
41,12	1715 W. Oaklawn	Pleasanton TX 780	764
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Campaign sign hunging	<u> </u>
	Checkif travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office I	neld
expenditure to benefit C/OF			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) "Trevino Jr. Sume 4 Date 5 Payee name 12/18/2023 Tractor 6 Amount (\$) State: Zip Code 204,24 1715 W. Oaklawn Measanton 78X04 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** campaign sign hanging Advertising Expense OF **EXPENDITURE** suppleds Check If travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name 12/12/2023 Measanton Express Amount (\$) State: Zip Code Pleasanton TX 114 E. Goodwin St 78064 456,00 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Political Advertising Advertising Expense 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 Payee name 12/5(2023 Pleasanton Lions Club Amount (\$) Pavee address: City; State: Zlp Code 10000 Pleasanton 114 wyoming st. 78064 Category (See Categories listed at the top of this schedule) Description PURPOSE Political Advertising Advertising Expense **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 ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 Office Overhead/Rental Expense Accounting/Banking Consulting Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Contributions/Donations Made By Travel In District Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Travel Out Of District Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethlos Commission Filers) Jume 4 Date 5 Payee name 4 Imprint 7 Payee address; 11/13/2023 6 Amount (\$) State; Zip Code 101 Commerce St. Oshlessh WT Reimbursement from political contributions . intended 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** tor campaign Branded Items Expense Event EXPENDITURE event Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State: Zip Code Reimbursement from political contributions intended 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 Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State: Zip Code Reimbursement from political contributions intended 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 Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH

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SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Trav Trav ract Labor Othe

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category pot listed above)

Candidate/Officeholder/Politica Credit Card Payment	l Committee 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)
	Jaime J. "J	J' Trevino Jr.	,,,,,,,
4 Date	5 Payee name		
12/23/2023	MG. Building M	laterials	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
43.30	1734 w. carlaun	Pleasanten	TX 75064
8	(a) Category (See Categories listed at the top of this soil	nedule) (b) Description	
PURPOSE OF EXPENDITURE	Advertising Expense	- Campaign Supplies	sigh hunging
·	(c) Check if travel outside of Texas. Complete School	edule T. Check if Austin	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12123/2023	MG Building Mc	iterials	
Amount (\$)	Payee address;	City;	State; Zip Code
136.79	1734 W. Oaklawn	Pleusanto	n TX 78064
	Category (See Categories listed at the top of this sch	· '	
PURPOSE OF EXPENDITURE	Advertising Expense	campaigr Supplies	sign heinging
	Check if travel outside of Texas. Complete Sche	edule T. Check if Austin	, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	_	_	_
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
	Category (See Categories listed at the top of this school	edule) Description	
PURPOSE OF EXPENDITURE			
	Check if travel outside of Texas. Complete Sche	dule T Check If Austin	, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			
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