

# 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: <b>60</b>
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR                      FIRST                      MI <b>Roberto</b> <b>C</b> ..... NICKNAME                      LAST                      SUFFIX <b>Trevino</b>	<b>OFFICE USE ONLY</b>	
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;    APT / SUITE #;                      CITY;                      STATE;    ZIP CODE <b>PO Box 15975</b> <b>San Antonio TX 78212</b>		
<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	AREA CODE                      PHONE NUMBER                      EXTENSION (       )                      -	Date Received	
<b>6</b> CAMPAIGN TREASURER NAME	MS / MRS / MR                      FIRST                      MI <b>Henry</b> <b>B</b> ..... NICKNAME                      LAST                      SUFFIX <b>Gonzalez III</b>	Date Hand-delivered or Date Postmarked	Receipt #                      Amount \$ Date Processed Date Imaged
<b>7</b> CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #;                      CITY;                      STATE;    ZIP CODE <b>613 NW Loop 410 #800</b> <b>San Antonio TX 78216</b>		
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE                      PHONE NUMBER                      EXTENSION ( <b>210</b> ) <b>569-8500</b>		
<b>9</b> REPORT TYPE	<b>July 15: Semi-Annual</b>		
<b>10</b> PERIOD COVERED	Month    Day    Year                      Month    Day    Year <b>1/1/2016</b> THROUGH <b>6/30/2016</b>		
<b>11</b> ELECTION	ELECTION DATE Month    Day    Year <b>5/6/2017</b>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
<b>12</b> OFFICE	OFFICE HELD (if any) <b>Council District 1</b>	<b>13</b> OFFICE SOUGHT (if known) <b>Council District 1</b>	

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# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

**14** C/OH NAME  
**Roberto C Trevino**

**15** Filer ID (Ethics Commission Filers)

**16** 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"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

<b>17</b> CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 40289.54
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 6135.17
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 41460.57
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

**18** AFFIDAVIT

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.

**\*\*\* Electronically Certified \*\*\***

\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Roberto C Trevino, this the 15th day of July, 2016, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering oath

\_\_\_\_\_  
Printed name of officer administering oath

\_\_\_\_\_  
Title of officer administering oath

# SUBTOTALS - COH

FORM C/OH  
COVER SHEET PG 3

<b>19</b> FILER NAME <b>Roberto C Trevino</b>		<b>20</b> Filer ID (Ethics Commission Filers)
<b>21</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		<b>\$ 39035.00</b>
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		<b>\$ 1254.54</b>
3. <input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		<b>\$ 0</b>
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS		<b>\$ 0</b>
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		<b>\$ 6135.17</b>
6. <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		<b>\$ 0</b>
7. <input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		<b>\$ 0</b>
8. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		<b>\$ 0</b>
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		<b>\$ 0</b>
10. <input checked="" type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		<b>\$ 0</b>
11. <input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		<b>\$ 0</b>
12. <input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		<b>\$ 0</b>

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**1 of 28**

2 FILER NAME  
**Roberto C Trevino**

3 Filer ID (Ethics Commission Filers)

4 Date  
**1/4/2016**

5 Full name of contributor  out-of-state PAC (ID# **C00199711**)  
**Heath Care Service Corporation Employees PAC**

7 Amount of contribution (\$)  
**500.00**

6 Contributor address; City; State; Zip Code  
**300 East Randolph St  
Chicago, IL 60601**

8 Principal occupation / Job title (See instructions)

9 Employer (See instructions)

Date  
**1/5/2016**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Wan-Yu Elisa Chan**

Amount of contribution (\$)  
**500.00**

Contributor address; City; State; Zip Code  
**613 Cantadora  
San Antonio, TX 78258**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date  
**2/19/2016**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Kevin Covey**

Amount of contribution (\$)  
**500.00**

Contributor address; City; State; Zip Code  
**4515 San Pedro Ave  
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date  
**2/20/2016**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**John Agather**

Amount of contribution (\$)  
**500.00**

Contributor address; City; State; Zip Code  
**300 West French PI  
San Antonio, TX 78212**

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

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:  
**2 of 28**

2 FILER NAME  
**Roberto C Trevino** 3 Filer ID (Ethics Commission Filers)

4 Date <b>2/22/2016</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>David Barnett</b>	7 Amount of contribution (\$) <b>500.00</b>
	6 Contributor address; City; State; Zip Code <b>5114 Medical Dr San Antonio, TX 78229</b>	

8 Principal occupation / Job title (See instructions)	9 Employer (See instructions)
---	-------------------------------

Date <b>2/22/2016</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Pat Boone</b>	Amount of contribution (\$) <b>500.00</b>
	Contributor address; City; State; Zip Code <b>205 N Presa St San Antonio, TX 78205</b>	

Principal occupation / Job title (See instructions)	Employer (See instructions)
---	-----------------------------

Date <b>2/22/2016</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>M Alex Nava</b>	Amount of contribution (\$) <b>500.00</b>
	Contributor address; City; State; Zip Code <b>13823 Ridge Chase San Antonio, TX 78230</b>	

Principal occupation / Job title (See instructions)	Employer (See instructions)
---	-----------------------------

Date <b>2/23/2016</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mote Baird</b>	Amount of contribution (\$) <b>50.00</b>
	Contributor address; City; State; Zip Code <b>1321 Wiltshire Ave San Antonio, TX 78209</b>	

Principal occupation / Job title (See instructions)	Employer (See instructions)
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:  
**3 of 28**

2 FILER NAME  
**Roberto C Trevino** 3 Filer ID (Ethics Commission Filers)

4 Date <b>2/24/2016</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Kathleen Weir Vale</b>	7 Amount of contribution (\$) <b>250.00</b>
6 Contributor address; City; State; Zip Code <b>103 E Hollywood Ave San Antonio, TX 78212</b>		

8 Principal occupation / Job title (See instructions) 9 Employer (See instructions)

Date <b>2/27/2016</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Steven Quintanilla</b>	Amount of contribution (\$) <b>250.00</b>
Contributor address; City; State; Zip Code <b>270 Post Ave San Antonio, TX 78215</b>		

Principal occupation / Job title (See instructions) Employer (See instructions)

Date <b>2/27/2016</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>John Timms</b>	Amount of contribution (\$) <b>500.00</b>
Contributor address; City; State; Zip Code <b>15929 Alsace San Antonio, TX 78232</b>		

Principal occupation / Job title (See instructions) Employer (See instructions)

Date <b>2/27/2016</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Isabelle Timms</b>	Amount of contribution (\$) <b>500.00</b>
Contributor address; City; State; Zip Code <b>15929 Alsace San Antonio, TX 78232</b>		

Principal occupation / Job title (See instructions) Employer (See instructions)



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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>4 of 28</b>
2 FILER NAME <b>Roberto C Trevino</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/29/2016</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>James Campbell</b>	7 Amount of contribution (\$) <b>250.00</b>
6 Contributor address; City; State; Zip Code <b>524 King William San Antonio, TX 78204</b>		
8 Principal occupation / Job title (See instructions)		9 Employer (See instructions)
Date <b>3/1/2016</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Brad Beldon</b>	Amount of contribution (\$) <b>500.00</b>
Contributor address; City; State; Zip Code <b>35 Royal Waters Dr San Antonio, TX 78213</b>		
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date <b>3/1/2016</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Susan Beldon</b>	Amount of contribution (\$) <b>500.00</b>
Contributor address; City; State; Zip Code <b>35 Royal Waters Dr San Antonio, TX 78213</b>		
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date <b>3/3/2016</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>J. Cary Barton</b>	Amount of contribution (\$) <b>500.00</b>
Contributor address; City; State; Zip Code <b>700 N St Marys St San Antonio, TX 78205</b>		
Principal occupation / Job title (See instructions)		Employer (See instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:  
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2 FILER NAME  
**Roberto C Trevino** 3 Filer ID (Ethics Commission Filers)

4 Date <b>3/3/2016</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Hamilton K Barton</b>	7 Amount of contribution (\$) <b>250.00</b>
6 Contributor address; City; State; Zip Code <b>4103 Sylvan Oaks San Antonio, TX 78229</b>		

8 Principal occupation / Job title (See instructions) 9 Employer (See instructions)

Date <b>3/3/2016</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Nancy Cross</b>	Amount of contribution (\$) <b>500.00</b>
Contributor address; City; State; Zip Code <b>2 Laurel Place San Antonio, TX 78209</b>		

Principal occupation / Job title (See instructions) Employer (See instructions)

Date <b>3/3/2016</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Edward Cross, II</b>	Amount of contribution (\$) <b>500.00</b>
Contributor address; City; State; Zip Code <b>2 Laurel Place San Antonio, TX 78209</b>		

Principal occupation / Job title (See instructions) Employer (See instructions)

Date <b>3/3/2016</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Marc Druck</b>	Amount of contribution (\$) <b>40.00</b>
Contributor address; City; State; Zip Code <b>245 Lovera San Antonio, TX 78212</b>		

Principal occupation / Job title (See instructions) Employer (See instructions)



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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>6 of 28</b>
2 FILER NAME <b>Roberto C Trevino</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/3/2016</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Sara Dysart</b>	7 Amount of contribution (\$) <b>100.00</b>
6 Contributor address; City; State; Zip Code <b>206 Primera Dr San Antonio, TX 78212</b>		
8 Principal occupation / Job title (See instructions)		9 Employer (See instructions)
Date <b>3/3/2016</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Evangelina G Flores</b>	Amount of contribution (\$) <b>200.00</b>
Contributor address; City; State; Zip Code <b>9327 Callaghan Rd San Antonio, TX 78230</b>		
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date <b>3/3/2016</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Richard Halter</b>	Amount of contribution (\$) <b>50.00</b>
Contributor address; City; State; Zip Code <b>233 E Terra Alta San Antonio, TX 78209</b>		
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date <b>3/3/2016</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Philip D Lemessurier</b>	Amount of contribution (\$) <b>50.00</b>
Contributor address; City; State; Zip Code <b>402 College Blvd San Antonio, TX 78209</b>		
Principal occupation / Job title (See instructions)		Employer (See instructions)



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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>7 of 28</b>
2 FILER NAME <b>Roberto C Trevino</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/3/2016</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Linebarger Goggan Blair &amp; Sampson, LLP</b> ..... 6 Contributor address; City; State; Zip Code <b>PO Box 17428 Austin , TX 78760</b>	7 Amount of contribution (\$) <b>500.00</b>
8 Principal occupation / Job title (See instructions)		9 Employer (See instructions)
Date <b>3/3/2016</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>William G Moll</b> ..... Contributor address; City; State; Zip Code <b>433 College Blvd San Antonio, TX 78209</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date <b>3/3/2016</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>William G Shown</b> ..... Contributor address; City; State; Zip Code <b>110 W Elsmere Place San Antonio, TX 78212</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date <b>3/3/2016</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Thomas Smith</b> ..... Contributor address; City; State; Zip Code <b>112 E Pecan St San Antonio, TX 78205</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See instructions)		Employer (See instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:  
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2 FILER NAME  
**Roberto C Trevino** 3 Filer ID (Ethics Commission Filers)

4 Date <b>3/5/2016</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Henry Gonzalez, III</b>	7 Amount of contribution (\$) <b>250.00</b>
	6 Contributor address; City; State; Zip Code <b>419 Thelma Dr San Antonio, TX 78212</b>	

8 Principal occupation / Job title (See instructions) 9 Employer (See instructions)

Date <b>3/5/2016</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Ernest C Parker, III</b>	Amount of contribution (\$) <b>250.00</b>
	Contributor address; City; State; Zip Code <b>134 W Craig St San Antonio, TX 78212</b>	

Principal occupation / Job title (See instructions) Employer (See instructions)

Date <b>3/14/2016</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Ruth Agather</b>	Amount of contribution (\$) <b>500.00</b>
	Contributor address; City; State; Zip Code <b>300 West French Pl San Antonio, TX 78212</b>	

Principal occupation / Job title (See instructions) Employer (See instructions)

Date <b>4/27/2016</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mari Ross</b>	Amount of contribution (\$) <b>200.00</b>
	Contributor address; City; State; Zip Code <b>519 W Mistletoe Ave San Antonio, TX 78212</b>	

Principal occupation / Job title (See instructions) Employer (See instructions)



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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:  
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2 FILER NAME  
**Roberto C Trevino** 3 Filer ID (Ethics Commission Filers)

4 Date <b>4/27/2016</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Edward Trevino</b>	7 Amount of contribution (\$) <b>500.00</b>
6 Contributor address; City; State; Zip Code <b>10004 Wurzbach Rd San Antonio, TX 78230</b>		

8 Principal occupation / Job title (See instructions) 9 Employer (See instructions)

Date <b>4/30/2016</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Esperanza Andrade</b>	Amount of contribution (\$) <b>250.00</b>
Contributor address; City; State; Zip Code <b>8031 Colonial Woods Boerne, TX 78015</b>		

Principal occupation / Job title (See instructions) Employer (See instructions)

Date <b>4/30/2016</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Eduardo Belmares</b>	Amount of contribution (\$) <b>500.00</b>
Contributor address; City; State; Zip Code <b>5919 Pearl Pass San Antonio, TX 78222</b>		

Principal occupation / Job title (See instructions) Employer (See instructions)

Date <b>4/30/2016</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Rudy Choperena</b>	Amount of contribution (\$) <b>347.50</b>
Contributor address; City; State; Zip Code <b>217 King William San Antonio, TX 78204</b>		

Principal occupation / Job title (See instructions) Employer (See instructions)



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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>10 of 28</b>
2 FILER NAME <b>Roberto C Trevino</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4/30/2016</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Edward E Collins III</b>	7 Amount of contribution (\$) <b>500.00</b>
6 Contributor address; City; State; Zip Code <b>114 Camp Street San Antonio, TX 78204</b>		
8 Principal occupation / Job title (See instructions)		9 Employer (See instructions)
Date <b>4/30/2016</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Bill Fitzgibbons</b>	Amount of contribution (\$) <b>500.00</b>
Contributor address; City; State; Zip Code <b>205 Sheffield Place San Antonio, TX 78213</b>		
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date <b>4/30/2016</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Ann Fitzgibbons</b>	Amount of contribution (\$) <b>500.00</b>
Contributor address; City; State; Zip Code <b>205 Sheffield Place San Antonio, TX 78213</b>		
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date <b>4/30/2016</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>George Gervin</b>	Amount of contribution (\$) <b>500.00</b>
Contributor address; City; State; Zip Code <b>44 Gervin Pass Spring Branch, TX 78070</b>		
Principal occupation / Job title (See instructions)		Employer (See instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:  
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2 FILER NAME  
**Roberto C Trevino** 3 Filer ID (Ethics Commission Filers)

4 Date <b>4/30/2016</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Maryanne Guido</b>	7 Amount of contribution (\$) <b>500.00</b>
	6 Contributor address; City; State; Zip Code <b>10115 N Manton Ln San Antonio, TX 78213</b>	

8 Principal occupation / Job title (See instructions) 9 Employer (See instructions)

Date <b>4/30/2016</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Thomas Guido</b>	Amount of contribution (\$) <b>500.00</b>
	Contributor address; City; State; Zip Code <b>10115 N Manton Ln San Antonio, TX 78213</b>	

Principal occupation / Job title (See instructions) Employer (See instructions)

Date <b>4/30/2016</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mark Hogensen</b>	Amount of contribution (\$) <b>100.00</b>
	Contributor address; City; State; Zip Code <b>402 Cedar San Antonio, TX 78210</b>	

Principal occupation / Job title (See instructions) Employer (See instructions)

Date <b>4/30/2016</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Bill Kanyusik</b>	Amount of contribution (\$) <b>250.00</b>
	Contributor address; City; State; Zip Code <b>700 E Hildebrand Ave San Antonio, TX 78212</b>	

Principal occupation / Job title (See instructions) Employer (See instructions)



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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:  
**12 of 28**

2 FILER NAME  
**Roberto C Trevino** 3 Filer ID (Ethics Commission Filers)

4 Date <b>4/30/2016</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Joe Lopez</b>	7 Amount of contribution (\$) <b>250.00</b>
6 Contributor address; City; State; Zip Code <b>107 Lone Star Blvd. San Antonio, TX 78204</b>		

8 Principal occupation / Job title (See instructions) 9 Employer (See instructions)

Date <b>4/30/2016</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Eugene Marck</b>	Amount of contribution (\$) <b>50.00</b>
Contributor address; City; State; Zip Code <b>5018 Kenton View San Antonio, TX 78240</b>		

Principal occupation / Job title (See instructions) Employer (See instructions)

Date <b>4/30/2016</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Jesus Toro Martinez</b>	Amount of contribution (\$) <b>200.00</b>
Contributor address; City; State; Zip Code <b>13500 Ashmont Terrace Live Oak, TX 78233</b>		

Principal occupation / Job title (See instructions) Employer (See instructions)

Date <b>4/30/2016</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Larry Mendez</b>	Amount of contribution (\$) <b>500.00</b>
Contributor address; City; State; Zip Code <b>204 Fawn Dr San Antonio, TX 78231</b>		

Principal occupation / Job title (See instructions) Employer (See instructions)



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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>13 of 28</b>
2 FILER NAME <b>Roberto C Trevino</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4/30/2016</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Loretta Patterson</b>	7 Amount of contribution (\$) <b>150.00</b>
6 Contributor address; City; State; Zip Code <b>87 Haverhill Way San Antonio, TX 78209</b>		
8 Principal occupation / Job title (See instructions)		9 Employer (See instructions)
Date <b>4/30/2016</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Daniela Riojas</b>	Amount of contribution (\$) <b>212.50</b>
Contributor address; City; State; Zip Code <b>111 Lone Star Blvd San Antonio, TX 78204</b>		
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date <b>4/30/2016</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Rudy Rodriguez</b>	Amount of contribution (\$) <b>500.00</b>
Contributor address; City; State; Zip Code <b>6827 Rock Rd San Antonio, TX 78229</b>		
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date <b>4/30/2016</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Alex Rubio</b>	Amount of contribution (\$) <b>175.00</b>
Contributor address; City; State; Zip Code <b>110 E Lachapelle San Antonio, TX 78204</b>		
Principal occupation / Job title (See instructions)		Employer (See instructions)



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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
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2 FILER NAME  
**Roberto C Trevino**

3 Filer ID (Ethics Commission Filers)

4 Date  
**4/30/2016**

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**George E Simor**

7 Amount of contribution (\$)  
**250.00**

6 Contributor address; City; State; Zip Code  
**516 King William  
San Antonio, TX 78204**

8 Principal occupation / Job title (See instructions)

9 Employer (See instructions)

Date  
**4/30/2016**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Madison Smith**

Amount of contribution (\$)  
**500.00**

Contributor address; City; State; Zip Code  
**122 Roy Smith  
San Antonio, TX 78215**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date  
**4/30/2016**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Lionel Sosa**

Amount of contribution (\$)  
**225.00**

Contributor address; City; State; Zip Code  
**PO Box 830106  
San Antonio, TX 78283**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date  
**4/30/2016**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Kathy Sosa**

Amount of contribution (\$)  
**400.00**

Contributor address; City; State; Zip Code  
**PO Box 830106  
San Antonio, TX 78283**

Principal occupation / Job title (See instructions)

Employer (See instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:  
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2 FILER NAME  
**Roberto C Trevino** 3 Filer ID (Ethics Commission Filers)

4 Date <b>4/30/2016</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Manuel Villa</b>	7 Amount of contribution (\$) <b>500.00</b>
	6 Contributor address; City; State; Zip Code <b>999 E Basse Rd San Antonio, TX 78209</b>	

8 Principal occupation / Job title (See instructions) 9 Employer (See instructions)

Date <b>4/30/2016</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>C.S. Waller</b>	Amount of contribution (\$) <b>500.00</b>
	Contributor address; City; State; Zip Code <b>PO Box 12349 San Antonio, TX 78212</b>	

Principal occupation / Job title (See instructions) Employer (See instructions)

Date <b>4/30/2016</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>M.E.S Waller</b>	Amount of contribution (\$) <b>500.00</b>
	Contributor address; City; State; Zip Code <b>PO Box 12349 San Antonio, TX 78212</b>	

Principal occupation / Job title (See instructions) Employer (See instructions)

Date <b>4/30/2016</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Jerry Wayne</b>	Amount of contribution (\$) <b>500.00</b>
	Contributor address; City; State; Zip Code <b>616 Isom Rd San Antonio, TX 78216</b>	

Principal occupation / Job title (See instructions) Employer (See instructions)



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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>16 of 28</b>
2 FILER NAME <b>Roberto C Trevino</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4/30/2016</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Elizabeth Ann Wong</b>	7 Amount of contribution (\$) <b>500.00</b>
6 Contributor address; City; State; Zip Code <b>910 S Alamo San Antonio, TX 78205</b>		
8 Principal occupation / Job title (See instructions)		9 Employer (See instructions)
Date <b>4/30/2016</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Boyan Kalusevic</b>	Amount of contribution (\$) <b>250.00</b>
Contributor address; City; State; Zip Code <b>326 Adrian Dr San Antonio, TX 78213</b>		
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date <b>4/30/2016</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Geof Edwards</b>	Amount of contribution (\$) <b>500.00</b>
Contributor address; City; State; Zip Code <b>232 W Hermosa San Antonio, TX 78212</b>		
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date <b>5/20/2016</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Phillip M Andry, Sr</b>	Amount of contribution (\$) <b>200.00</b>
Contributor address; City; State; Zip Code <b>7318 Green Glen San Antonio, TX 78255</b>		
Principal occupation / Job title (See instructions)		Employer (See instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:  
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2 FILER NAME  
**Roberto C Trevino** 3 Filer ID (Ethics Commission Filers)

4 Date <b>5/20/2016</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Steven Atkins</b>	7 Amount of contribution (\$) <b>250.00</b>
6 Contributor address; City; State; Zip Code <b>3207 Sable Creek San Antonio, TX 78259</b>		

8 Principal occupation / Job title (See instructions) 9 Employer (See instructions)

Date <b>5/20/2016</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>John H Atterbury</b>	Amount of contribution (\$) <b>500.00</b>
Contributor address; City; State; Zip Code <b>24165 IH 10W #217 San Antonio, TX 78257</b>		

Principal occupation / Job title (See instructions) Employer (See instructions)

Date <b>5/20/2016</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Louis Barrios</b>	Amount of contribution (\$) <b>200.00</b>
Contributor address; City; State; Zip Code <b>1102 Morgans Peak San Antonio, TX 78258</b>		

Principal occupation / Job title (See instructions) Employer (See instructions)

Date <b>5/20/2016</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>August H Beck III</b>	Amount of contribution (\$) <b>500.00</b>
Contributor address; City; State; Zip Code <b>215 Limestone Creek Rd San Antonio, TX 78232</b>		

Principal occupation / Job title (See instructions) Employer (See instructions)



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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:  
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2 FILER NAME  
**Roberto C Trevino** 3 Filer ID (Ethics Commission Filers)

4 Date <b>5/20/2016</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>August H Beck IV</b>	7 Amount of contribution (\$) <b>500.00</b>
	6 Contributor address; City; State; Zip Code <b>5123 Blanco Rd San Antonio, TX 78216</b>	

8 Principal occupation / Job title (See instructions) 9 Employer (See instructions)

Date <b>5/20/2016</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Allan Benitez</b>	Amount of contribution (\$) <b>500.00</b>
	Contributor address; City; State; Zip Code <b>8515 Queen Heights San Antonio, TX 78254</b>	

Principal occupation / Job title (See instructions) Employer (See instructions)

Date <b>5/20/2016</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Ed Bondurant</b>	Amount of contribution (\$) <b>500.00</b>
	Contributor address; City; State; Zip Code <b>208 W Craig Pl San Antonio, TX 78212</b>	

Principal occupation / Job title (See instructions) Employer (See instructions)

Date <b>5/20/2016</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Jackie Cardenas</b>	Amount of contribution (\$) <b>40.00</b>
	Contributor address; City; State; Zip Code <b>16203 Ponderosa Pass Helotes, TX 78023</b>	

Principal occupation / Job title (See instructions) Employer (See instructions)



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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>19 of 28</b>
2 FILER NAME <b>Roberto C Trevino</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>5/20/2016</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>John Glenn Clamp</b>	7 Amount of contribution (\$) <b>150.00</b>
6 Contributor address; City; State; Zip Code <b>215 Five Oaks Dr San Antonio, TX 78209</b>		
8 Principal occupation / Job title (See instructions)		9 Employer (See instructions)
Date <b>5/20/2016</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Yazmeen Fernandez</b>	Amount of contribution (\$) <b>25.00</b>
Contributor address; City; State; Zip Code <b>9541 Abe Lincoln San Antonio, TX 78240</b>		
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date <b>5/20/2016</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Felicia Glenn</b>	Amount of contribution (\$) <b>25.00</b>
Contributor address; City; State; Zip Code <b>1214 Townsend Ave ##1-5 San Antonio, TX 78209</b>		
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date <b>5/20/2016</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Cory Harmeyer</b>	Amount of contribution (\$) <b>500.00</b>
Contributor address; City; State; Zip Code <b>12330 Vance Jackson #6305 San Antonio, TX 78230</b>		
Principal occupation / Job title (See instructions)		Employer (See instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>20 of 28</b>
2 FILER NAME <b>Roberto C Trevino</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>5/20/2016</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Andres A Hernandez</b>	7 Amount of contribution (\$) <b>500.00</b>
6 Contributor address; City; State; Zip Code <b>11427 Mission Trace St San Antonio, TX 78230</b>		
8 Principal occupation / Job title (See instructions)		9 Employer (See instructions)
Date <b>5/20/2016</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Anthony Johnson</b>	Amount of contribution (\$) <b>20.00</b>
Contributor address; City; State; Zip Code <b>2838 Bent Tree Dr Schertz, TX 78154</b>		
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date <b>5/20/2016</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Jeffrey Jowdy</b>	Amount of contribution (\$) <b>300.00</b>
Contributor address; City; State; Zip Code <b>8801 Duncan Plano, TX 75025</b>		
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date <b>5/20/2016</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Landrys Restaurants, PAC</b>	Amount of contribution (\$) <b>500.00</b>
Contributor address; City; State; Zip Code <b>1510 West Loop South Houston, TX 77027</b>		
Principal occupation / Job title (See instructions)		Employer (See instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:  
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2 FILER NAME  
**Roberto C Trevino** 3 Filer ID (Ethics Commission Filers)

4 Date <b>5/20/2016</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Scott Malouff</b>	7 Amount of contribution (\$) <b>75.00</b>
	6 Contributor address; City; State; Zip Code <b>6810 Forest Haven San Antonio, TX 78240</b>	

8 Principal occupation / Job title (See instructions) 9 Employer (See instructions)

Date <b>5/20/2016</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Teryn E Mery</b>	Amount of contribution (\$) <b>500.00</b>
	Contributor address; City; State; Zip Code <b>703 Eleanor San Antonio, TX 78209</b>	

Principal occupation / Job title (See instructions) Employer (See instructions)

Date <b>5/20/2016</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>George Mery</b>	Amount of contribution (\$) <b>500.00</b>
	Contributor address; City; State; Zip Code <b>5157 Blanco Rd #E San Antonio, TX 78216</b>	

Principal occupation / Job title (See instructions) Employer (See instructions)

Date <b>5/20/2016</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Fredrick Tawil</b>	Amount of contribution (\$) <b>500.00</b>
	Contributor address; City; State; Zip Code <b>21703 Givenchy Hill San Antonio, TX 78256</b>	

Principal occupation / Job title (See instructions) Employer (See instructions)



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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
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2 FILER NAME  
**Roberto C Trevino**

3 Filer ID (Ethics Commission Filers)

4 Date  
**5/20/2016**

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Melanie Tawil**

7 Amount of contribution (\$)  
**500.00**

6 Contributor address; City; State; Zip Code  
**21703 Givenchy Hill  
San Antonio, TX 78256**

8 Principal occupation / Job title (See instructions)

9 Employer (See instructions)

Date  
**5/20/2016**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Nizar Tawil**

Amount of contribution (\$)  
**500.00**

Contributor address; City; State; Zip Code  
**35 Galleria Dr  
San Antonio, TX 78257**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date  
**5/20/2016**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Jamal Tawil**

Amount of contribution (\$)  
**500.00**

Contributor address; City; State; Zip Code  
**3 Galleria Dr  
San Antonio, TX 78257**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date  
**5/20/2016**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Ghayda Tawil**

Amount of contribution (\$)  
**500.00**

Contributor address; City; State; Zip Code  
**3 Galleria Dr  
San Antonio, TX 78257**

Principal occupation / Job title (See instructions)

Employer (See instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>23 of 28</b>
2 FILER NAME <b>Roberto C Trevino</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>6/27/2016</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Christoper Scott</b>	7 Amount of contribution (\$) <b>500.00</b>
6 Contributor address; City; State; Zip Code <b>2727 Treble Creek San Antonio, TX 78258</b>		
8 Principal occupation / Job title (See instructions)		9 Employer (See instructions)
Date <b>6/29/2016</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Ricardo Riojas</b>	Amount of contribution (\$) <b>50.00</b>
Contributor address; City; State; Zip Code <b>7113 San Pedro Ave San Antonio, TX 78216</b>		
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date <b>6/30/2016</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Kamil Alavi</b>	Amount of contribution (\$) <b>500.00</b>
Contributor address; City; State; Zip Code <b>1201 Avenue B San Antonio, TX 78215</b>		
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date <b>6/30/2016</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Robert Bentley</b>	Amount of contribution (\$) <b>250.00</b>
Contributor address; City; State; Zip Code <b>5715 N New Braunfels Ave #100 San Antonio, TX 78209</b>		
Principal occupation / Job title (See instructions)		Employer (See instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>24 of 28</b>
2 FILER NAME <b>Roberto C Trevino</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>6/30/2016</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Eric Covey</b>	7 Amount of contribution (\$) <b>500.00</b>
6 Contributor address; City; State; Zip Code <b>4515 San Pedro Ave San Antonio, TX 78212</b>		
8 Principal occupation / Job title (See instructions)		9 Employer (See instructions)
Date <b>6/30/2016</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Davison, Troilo Ream &amp; Garza PC</b>	Amount of contribution (\$) <b>250.00</b>
Contributor address; City; State; Zip Code <b>601 NW Loop 410 San Antonio, TX 78216</b>		
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date <b>6/30/2016</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>William Drain</b>	Amount of contribution (\$) <b>500.00</b>
Contributor address; City; State; Zip Code <b>18831 Agin Ct San Antonio, TX 78258</b>		
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date <b>6/30/2016</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Kyle J Ferari</b>	Amount of contribution (\$) <b>500.00</b>
Contributor address; City; State; Zip Code <b>235 W Kings Hwy San Antonio, TX 78212</b>		
Principal occupation / Job title (See instructions)		Employer (See instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

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2 FILER NAME  
**Roberto C Trevino**

3 Filer ID (Ethics Commission Filers)

4 Date  
**6/30/2016**

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Manuel H Garza, Jr**

7 Amount of contribution (\$)  
**200.00**

6 Contributor address; City; State; Zip Code  
**1715 Trinity  
San Antonio, TX 78201**

8 Principal occupation / Job title (See instructions)

9 Employer (See instructions)

Date  
**6/30/2016**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**GRC Professional Services LLC**

Amount of contribution (\$)  
**500.00**

Contributor address; City; State; Zip Code  
**816 W Commerce  
San Antonio, TX 78207**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date  
**6/30/2016**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Joe A Guerrero**

Amount of contribution (\$)  
**50.00**

Contributor address; City; State; Zip Code  
**1127 Via Belcanto  
San Antonio, TX 78260**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date  
**6/30/2016**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Curtis Johnson**

Amount of contribution (\$)  
**500.00**

Contributor address; City; State; Zip Code  
**3703 Broadway St  
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)

Employer (See instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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1 Total pages Schedule A1:  
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2 FILER NAME  
**Roberto C Trevino**

3 Filer ID (Ethics Commission Filers)

4 Date  
**6/30/2016**

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Abelardo Juarez**

7 Amount of contribution (\$)  
**250.00**

6 Contributor address; City; State; Zip Code  
**415 W French Pl  
San Antonio, TX 78212**

8 Principal occupation / Job title (See instructions)

9 Employer (See instructions)

Date  
**6/30/2016**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Law Office of David Christian**

Amount of contribution (\$)  
**500.00**

Contributor address; City; State; Zip Code  
**1800 McCullough Ave  
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date  
**6/30/2016**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**J Steven Lopez**

Amount of contribution (\$)  
**250.00**

Contributor address; City; State; Zip Code  
**6619 Broadway St  
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date  
**6/30/2016**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Pete R Martinez**

Amount of contribution (\$)  
**250.00**

Contributor address; City; State; Zip Code  
**258 Cicero  
San Antonio, TX 78218**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**27 of 28**

2 FILER NAME  
**Roberto C Trevino**

3 Filer ID (Ethics Commission Filers)

4 Date  
**6/30/2016**

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Norton Rose Fullbright US LLP Texas Committee**

7 Amount of contribution (\$)  
**500.00**

6 Contributor address; City; State; Zip Code  
**1301 McKinney #5100  
Houston, TX 77010**

8 Principal occupation / Job title (See instructions)

9 Employer (See instructions)

Date  
**6/30/2016**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Richard P Ojeda**

Amount of contribution (\$)  
**250.00**

Contributor address; City; State; Zip Code  
**303 Royal Oak  
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date  
**6/30/2016**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Joel Reyes**

Amount of contribution (\$)  
**500.00**

Contributor address; City; State; Zip Code  
**405 E Mulberry Ave  
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date  
**6/30/2016**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Alfred W Rohde. III**

Amount of contribution (\$)  
**100.00**

Contributor address; City; State; Zip Code  
**11503 NW Military Hwy #330  
San Antonio, TX 78231**

Principal occupation / Job title (See instructions)

Employer (See instructions)

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:  
**28 of 28**

2 FILER NAME  
**Roberto C Trevino** 3 Filer ID (Ethics Commission Filers)

4 Date <b>6/30/2016</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Deborah Serna</b>	7 Amount of contribution (\$) <b>350.00</b>
	6 Contributor address; City; State; Zip Code <b>72 Sendero Verde San Antonio, TX 78261</b>	

8 Principal occupation / Job title (See instructions) 9 Employer (See instructions)

Date <b>6/30/2016</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Trent A Stein</b>	Amount of contribution (\$) <b>500.00</b>
	Contributor address; City; State; Zip Code <b>14546 Brook Hollow Blvd #359 San Antonio, TX 78232</b>	

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <b>1 of 2</b>
2 FILER NAME <b>Roberto C Trevino</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		<b>\$ 0</b>
5 Date <b>6/5/2016</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Steve Karam</b> 7 Contributor address; City; State; Zip Code <b>110 Soledad St San Antonio, TX 78205</b>	8 Amount of Contribution \$ <b>500.00</b> 9 In-kind contribution description <b>Food for event</b> <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 <b>6/5/2016</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Brittani Harmeyer</b> Contributor address; City; State; Zip Code <b>154 Grattan St #1A Brooklyn, NY 11237</b>	Amount of Contribution \$ <b>377.27</b> In-kind contribution description <b>Food for event</b> <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**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <b>2 of 2</b>
2 FILER NAME <b>Roberto C Trevino</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$
5 Date <b>6/5/2016</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Alek Harmeyer</b>	8 Amount of Contribution \$ <b>377.27</b>
	7 Contributor address; City; State; Zip Code <b>455 W 37th St New York, NY 10018</b>	9 In-kind contribution description <b>Food for event</b>
		<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# _____) Contributor address; City; State; Zip Code	Amount of Contribution \$ In-kind contribution description
		<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

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B: <b>1 of 1</b>
2 FILER NAME <b>Roberto C Trevino</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED PLEDGES		<b>\$ 0</b>
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)  7 Pledgor address; City; State; Zip Code	8 Amount of Pledge \$ 9 In-kind contribution description  <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
10 Principal occupation / Job title (See instructions)		11 Employer (See instructions)
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)  Pledgor address; City; State; Zip Code	Amount of Pledge \$ In-kind contribution description  <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)  Pledgor address; City; State; Zip Code	Amount of Pledge \$ In-kind contribution description  <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)  Pledgor address; City; State; Zip Code	Amount of Pledge \$ In-kind contribution description  <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
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

# LOANS

# SCHEDULE E

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E: <b>1 of 1</b>
<b>2</b> FILER NAME <b>Roberto C Trevino</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED LOANS		<b>\$ 0</b>
<b>5</b> Date of loan	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____)	<b>9</b> Loan Amount (\$)
<b>6</b> Is lender a financial institution?	<b>8</b> Lender address; . . . . . City; State; Zip Code	<b>10</b> Interest rate
		<b>11</b> Maturity date
<b>12</b> Principal occupation / Job title (See instructions)		<b>13</b> Employer (See instructions)
<b>14</b> Description of Collateral <input type="checkbox"/> none		<b>15</b> <input type="checkbox"/> Check if personal funds were deposited into political account (See instructions)
<b>16</b> GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	<b>17</b> Name of guarantor	<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address; . . . . . City; State; Zip Code	
<b>20</b> Principal occupation (See instructions)		<b>21</b> Employer (See instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____)	Loan Amount (\$)
Is lender a financial institution?	Lender address; . . . . . City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See instructions)		Employer (See instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; . . . . . City; State; Zip Code	
Principal occupation (See instructions)		Employer (See instructions)

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/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

<b>1</b> Total pages Schedule F1: <b>1 of 16</b>	<b>2</b> FILER NAME <b>Roberto C Trevino</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>1/4/2016</b>	<b>5</b> Payee name <b>Google</b>	
<b>6</b> Amount (\$) <b>16.66</b>	<b>7</b> Payee address;                      City;      State;      Zip Code <b>1600 Amphitheatre Pkwy</b> <b>Mountain View, CA 94043</b>	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Other:</b>	<b>(b)</b> Description <b>Email</b>
		<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Roberto Trevino</b>	Office sought                      Office held

Date <b>2/4/2016</b>	Payee name <b>Google</b>	
Amount (\$) <b>16.66</b>	Payee address;                      City;      State;      Zip Code <b>1600 Amphitheatre Pkwy</b> <b>Mountain View, CA 94043</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Other:</b>	Description <b>Email</b>
		<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 <b>Roberto Trevino</b>	Office sought                      Office held

Date <b>2/5/2016</b>	Payee name <b>Office Depot</b>	
Amount (\$) <b>29.22</b>	Payee address;                      City;      State;      Zip Code <b>13484 San Pedro Ave</b> <b>San Antonio, TX 78216</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Other:</b>	Description <b>Office Overhead/Rental Expense</b>
		<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 <b>Roberto Trevino</b>	Office sought                      Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	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	Gifts/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

<b>1</b> Total pages Schedule F1: <b>2 of 16</b>	<b>2</b> FILER NAME <b>Roberto C Trevino</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>2/19/2016</b>	<b>5</b> Payee name <b>Piryx</b>	
<b>6</b> Amount (\$) <b>39.80</b>	<b>7</b> Payee address; City; State; Zip Code <b>144 2nd St San Francisco, CA 94105</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Other:</b>	<b>(b)</b> Description <b>CC processing fees</b>
		<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Roberto Trevino</b>	Office sought                      Office held

Date <b>2/20/2016</b>	Payee name <b>Piryx</b>	
Amount (\$) <b>39.80</b>	Payee address; City; State; Zip Code <b>144 2nd St San Francisco, CA 94105</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Other:</b>	Description <b>CC processing fees</b>
		<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 <b>Roberto Trevino</b>	Office sought                      Office held

Date <b>2/22/2016</b>	Payee name <b>Piryx</b>	
Amount (\$) <b>39.80</b>	Payee address; City; State; Zip Code <b>144 2nd St San Francisco, CA 94105</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Other:</b>	Description <b>CC processing fees</b>
		<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 <b>Roberto Trevino</b>	Office sought                      Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	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	Gifts/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

<b>1</b> Total pages Schedule F1: <b>3 of 16</b>	<b>2</b> FILER NAME <b>Roberto C Trevino</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>2/22/2016</b>	<b>5</b> Payee name <b>Piryx</b>	
<b>6</b> Amount (\$) <b>39.80</b>	<b>7</b> Payee address; City; State; Zip Code <b>144 2nd St San Francisco, CA 94105</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Other:</b>	<b>(b)</b> Description <b>CC processing fees</b>
		<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Roberto Trevino</b>	Office sought                      Office held

Date <b>2/22/2016</b>	Payee name <b>Piryx</b>	
Amount (\$) <b>39.80</b>	Payee address; City; State; Zip Code <b>144 2nd St San Francisco, CA 94105</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Other:</b>	Description <b>CC processing fees</b>
		<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 <b>Roberto Trevino</b>	Office sought                      Office held

Date <b>2/22/2016</b>	Payee name <b>Piryx</b>	
Amount (\$) <b>4.25</b>	Payee address; City; State; Zip Code <b>144 2nd St San Francisco, CA 94105</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Other:</b>	Description <b>CC processing fees</b>
		<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 <b>Roberto Trevino</b>	Office sought                      Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	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	Gifts/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

<b>1</b> Total pages Schedule F1: <b>4 of 16</b>	<b>2</b> FILER NAME <b>Roberto C Trevino</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>2/24/2016</b>	<b>5</b> Payee name <b>Piryx</b>	
<b>6</b> Amount (\$) <b>20.05</b>	<b>7</b> Payee address; City; State; Zip Code <b>144 2nd St San Francisco, CA 94105</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Other:</b>	<b>(b)</b> Description <b>CC processing fees</b>
		<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Roberto Trevino</b>	Office sought                      Office held

Date <b>2/27/2016</b>	Payee name <b>Piryx</b>	
Amount (\$) <b>20.05</b>	Payee address; City; State; Zip Code <b>144 2nd St San Francisco, CA 94105</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Other:</b>	Description <b>CC processing fees</b>
		<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 <b>Roberto Trevino</b>	Office sought                      Office held

Date <b>2/27/2016</b>	Payee name <b>Piryx</b>	
Amount (\$) <b>39.80</b>	Payee address; City; State; Zip Code <b>144 2nd St San Francisco, CA 94105</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Other:</b>	Description <b>CC processing fees</b>
		<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 <b>Roberto Trevino</b>	Office sought                      Office held

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	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	Gifts/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

<b>1</b> Total pages Schedule F1: <b>5 of 16</b>	<b>2</b> FILER NAME <b>Roberto C Trevino</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>2/27/2016</b>	<b>5</b> Payee name <b>Piryx</b>	
<b>6</b> Amount (\$) <b>39.80</b>	<b>7</b> Payee address; City; State; Zip Code <b>144 2nd St San Francisco, CA 94105</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Other:</b>	<b>(b)</b> Description <b>CC processing fees</b>
		<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Roberto Trevino</b>	Office sought                      Office held
Date <b>2/29/2016</b>	Payee name <b>Piryx</b>	
Amount (\$) <b>20.05</b>	Payee address; City; State; Zip Code <b>144 2nd St San Francisco, CA 94105</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Other:</b>	Description <b>CC processing fees</b>
		<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 <b>Roberto Trevino</b>	Office sought                      Office held
Date <b>3/1/2016</b>	Payee name <b>Piryx</b>	
Amount (\$) <b>39.80</b>	Payee address; City; State; Zip Code <b>144 2nd St San Francisco, CA 94105</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Other:</b>	Description <b>CC processing fees</b>
		<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 <b>Roberto Trevino</b>	Office sought                      Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	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	Gifts/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

<b>1</b> Total pages Schedule F1: <b>6 of 16</b>	<b>2</b> FILER NAME <b>Roberto C Trevino</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>3/1/2016</b>	<b>5</b> Payee name <b>Piryx</b>	
<b>6</b> Amount (\$) <b>39.80</b>	<b>7</b> Payee address; City; State; Zip Code <b>144 2nd St San Francisco, CA 94105</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Other:</b>	<b>(b)</b> Description <b>CC processing fees</b>
		<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Roberto Trevino</b>	Office sought      Office held

Date <b>3/3/2016</b>	Payee name <b>FexEd Office</b>	
Amount (\$) <b>39.78</b>	Payee address; City; State; Zip Code <b>4418 Broadway St San Antonio, TX 78209</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Other:</b>	Description <b>Office Overhead/Rental Expense</b>
		<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 <b>Roberto Trevino</b>	Office sought      Office held

Date <b>3/3/2016</b>	Payee name <b>Liberty Bar</b>	
Amount (\$) <b>225.50</b>	Payee address; City; State; Zip Code <b>1111 S Alamo St San Antonio, TX 78210</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Other:</b>	Description <b>Event</b>
		<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 <b>Roberto Trevino</b>	Office sought      Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/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

<b>1</b> Total pages Schedule F1: <b>7 of 16</b>	<b>2</b> FILER NAME <b>Roberto C Trevino</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>3/4/2016</b>	<b>5</b> Payee name <b>Google</b>	
<b>6</b> Amount (\$) <b>16.66</b>	<b>7</b> Payee address; City; State; Zip Code <b>1600 Amphitheatre Pkwy Mountain View, CA 94043</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Other:</b>	<b>(b)</b> Description <b>Email</b>
		<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Roberto Trevino</b>	Office sought                      Office held

Date <b>3/5/2016</b>	Payee name <b>Piryx</b>	
Amount (\$) <b>20.05</b>	Payee address; City; State; Zip Code <b>144 2nd St San Francisco, CA 94105</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Other:</b>	Description <b>CC processing fees</b>
		<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 <b>Roberto Trevino</b>	Office sought                      Office held

Date <b>3/7/2016</b>	Payee name <b>Office Depot</b>	
Amount (\$) <b>35.26</b>	Payee address; City; State; Zip Code <b>13484 San Pedro Ave San Antonio, TX 78216</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Other:</b>	Description <b>Office Overhead/Rental Expense</b>
		<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 <b>Roberto Trevino</b>	Office sought                      Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	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	Gifts/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

<b>1</b> Total pages Schedule F1: <b>8 of 16</b>	<b>2</b> FILER NAME <b>Roberto C Trevino</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>3/14/2016</b>	<b>5</b> Payee name <b>Piryx</b>	
<b>6</b> Amount (\$) <b>39.80</b>	<b>7</b> Payee address; City; State; Zip Code <b>144 2nd St San Francisco, CA 94105</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Other:</b>	<b>(b)</b> Description <b>CC processing fees</b>
		<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Roberto Trevino</b>	Office sought      Office held

Date <b>3/18/2016</b>	Payee name <b>Sam Ash</b>	
Amount (\$) <b>541.01</b>	Payee address; City; State; Zip Code <b>25 NE Loop 410 San Antonio, TX 78216</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Other:</b>	Description <b>Event</b>
		<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 <b>Roberto Trevino</b>	Office sought      Office held

Date <b>3/30/2016</b>	Payee name <b>Duable</b>	
Amount (\$) <b>373.10</b>	Payee address; City; State; Zip Code <b>2106 2106 Broadway St San Antonio, TX 78215</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Other:</b>	Description <b>Web hosting</b>
		<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 <b>Roberto Trevino</b>	Office sought      Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	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	Gifts/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

<b>1</b> Total pages Schedule F1: <b>9 of 16</b>	<b>2</b> FILER NAME <b>Roberto C Trevino</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>3/30/2016</b>	<b>5</b> Payee name <b>Vistaprint</b>	
<b>6</b> Amount (\$) <b>112.49</b>	<b>7</b> Payee address; City; State; Zip Code <b>95 Hayden Ave Lexington , KY 02421</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Other:</b>	<b>(b)</b> Description <b>Printing</b>
		<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Roberto Trevino</b>	Office sought                      Office held

Date <b>4/4/2016</b>	Payee name <b>Google</b>	
Amount (\$) <b>16.66</b>	Payee address; City; State; Zip Code <b>1600 Amphitheatre Pkwy Mountain View, CA 94043</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Other:</b>	Description <b>Email</b>
		<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 <b>Roberto Trevino</b>	Office sought                      Office held

Date <b>4/15/2016</b>	Payee name <b>WOW Branding</b>	
Amount (\$) <b>3231.26</b>	Payee address; City; State; Zip Code <b>1633 Babcock Rd San Antonio, TX 78229</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Other:</b>	Description <b>Event</b>
		<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 <b>Roberto Trevino</b>	Office sought                      Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	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	Gifts/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

<b>1</b> Total pages Schedule F1: <b>10 of 16</b>	<b>2</b> FILER NAME <b>Roberto C Trevino</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>4/22/2016</b>	<b>5</b> Payee name <b>Piryx</b>	
<b>6</b> Amount (\$) <b>39.80</b>	<b>7</b> Payee address; City; State; Zip Code <b>144 2nd St San Francisco, CA 94105</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Other:</b>	<b>(b)</b> Description <b>CC processing fees</b>
		<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Roberto Trevino</b>	Office sought                      Office held

Date <b>4/27/2016</b>	Payee name <b>Piryx</b>	
Amount (\$) <b>39.80</b>	Payee address; City; State; Zip Code <b>144 2nd St San Francisco, CA 94105</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Other:</b>	Description <b>CC processing fees</b>
		<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 <b>Roberto Trevino</b>	Office sought                      Office held

Date <b>4/27/2016</b>	Payee name <b>Piryx</b>	
Amount (\$) <b>27.95</b>	Payee address; City; State; Zip Code <b>144 2nd St San Francisco, CA 94105</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Other:</b>	Description <b>CC processing fees</b>
		<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 <b>Roberto Trevino</b>	Office sought                      Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	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	Gifts/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

<b>1</b> Total pages Schedule F1: <b>11 of 16</b>	<b>2</b> FILER NAME <b>Roberto C Trevino</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>4/27/2016</b>	<b>5</b> Payee name <b>Piryx</b>	
<b>6</b> Amount (\$) <b>31.90</b>	<b>7</b> Payee address; City; State; Zip Code <b>144 2nd St San Francisco, CA 94105</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Other:</b>	<b>(b)</b> Description <b>CC processing fees</b>
		<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Roberto Trevino</b>	Office sought                      Office held

Date <b>4/27/2016</b>	Payee name <b>Piryx</b>		
Amount (\$) <b>16.10</b>	Payee address; City; State; Zip Code <b>144 2nd St San Francisco, CA 94105</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Other:</b>	Description <b>CC processing fees</b>	
		<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 <b>Roberto Trevino</b>	Office sought	Office held

Date <b>4/27/2016</b>	Payee name <b>Piryx</b>		
Amount (\$) <b>18.08</b>	Payee address; City; State; Zip Code <b>144 2nd St San Francisco, CA 94105</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Other:</b>	Description <b>CC processing fees</b>	
		<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 <b>Roberto Trevino</b>	Office sought	Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/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

<b>1</b> Total pages Schedule F1: <b>12 of 16</b>	<b>2</b> FILER NAME <b>Roberto C Trevino</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>5/2/2016</b>	<b>5</b> Payee name <b>Google</b>	
<b>6</b> Amount (\$) <b>15.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>1600 Amphitheatre Pkwy Mountain View, CA 94043</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Other:</b>	<b>(b)</b> Description <b>Email</b>  <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Roberto Trevino</b>	Office sought  Office held

Date <b>5/9/2016</b>	Payee name <b>San Antonio Area Foundation</b>	
Amount (\$) <b>100.00</b>	Payee address; City; State; Zip Code <b>303 Pearl Parkway San Antonio, TX 78215</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Other:</b>	Description <b>OTHER</b>  <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 <b>Roberto Trevino</b>	Office sought  Office held

Date <b>5/14/2016</b>	Payee name <b>United States Post Office</b>	
Amount (\$) <b>37.60</b>	Payee address; City; State; Zip Code <b>2400 McCullough Ave San Antonio, TX 78212</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Other:</b>	Description <b>Office Overhead/Rental Expense</b>  <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 <b>Roberto Trevino</b>	Office sought  Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	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	Gifts/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

<b>1</b> Total pages Schedule F1: <b>13 of 16</b>	<b>2</b> FILER NAME <b>Roberto C Trevino</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>5/17/2016</b>	<b>5</b> Payee name <b>Office Depot</b>	
<b>6</b> Amount (\$) <b>15.13</b>	<b>7</b> Payee address; City; State; Zip Code <b>13484 San Pedro Ave San Antonio, TX 78216</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Other:</b>	<b>(b)</b> Description <b>Office Overhead/Rental Expense</b>
		<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name <b>Roberto Trevino</b>	Office sought                      Office held

Date <b>5/20/2016</b>	Payee name <b>Office Depot</b>	
Amount (\$) <b>8.65</b>	Payee address; City; State; Zip Code <b>13484 San Pedro Ave San Antonio, TX 78216</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Other:</b>	Description <b>Office Overhead/Rental Expense</b>
		<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 <b>Roberto Trevino</b>	Office sought                      Office held

Date <b>5/20/2016</b>	Payee name <b>Piryx</b>	
Amount (\$) <b>39.80</b>	Payee address; City; State; Zip Code <b>144 2nd St San Francisco, CA 94105</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Other:</b>	Description <b>CC processing fees</b>
		<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 <b>Roberto Trevino</b>	Office sought                      Office held

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	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	Gifts/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

<b>1</b> Total pages Schedule F1: <b>14 of 16</b>	<b>2</b> FILER NAME <b>Roberto C Trevino</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>6/6/2016</b>	<b>5</b> Payee name <b>Google</b>	
<b>6</b> Amount (\$) <b>15.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>1600 Amphitheatre Pkwy Mountain View, CA 94043</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Other:</b>	<b>(b)</b> Description <b>Email</b>
		<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Roberto Trevino</b>	Office sought                      Office held

Date <b>6/27/2016</b>	Payee name <b>Piryx</b>	
Amount (\$) <b>39.80</b>	Payee address; City; State; Zip Code <b>144 2nd St San Francisco, CA 94105</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Other:</b>	Description <b>CC processing fees</b>
		<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 <b>Roberto Trevino</b>	Office sought                      Office held

Date <b>6/27/2016</b>	Payee name <b>United States Post Office</b>	
Amount (\$) <b>170.00</b>	Payee address; City; State; Zip Code <b>2400 McCullough Ave San Antonio, TX 78212</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Other:</b>	Description <b>Office Overhead/Rental Expense</b>
		<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 <b>Roberto Trevino</b>	Office sought                      Office held

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	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	Gifts/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

<b>1</b> Total pages Schedule F1: <b>15 of 16</b>	<b>2</b> FILER NAME <b>Roberto C Trevino</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>6/29/2016</b>	<b>5</b> Payee name <b>San Antonio Area Foundation</b>	
<b>6</b> Amount (\$) <b>300.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>303 Pearl Parkway San Antonio, TX 78215</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Other:</b>	<b>(b)</b> Description <b>OTHER</b>
		<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Roberto Trevino</b>	Office sought      Office held

Date <b>6/29/2016</b>	Payee name <b>Piryx</b>	
Amount (\$) <b>4.25</b>	Payee address; City; State; Zip Code <b>144 2nd St San Francisco, CA 94105</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Other:</b>	Description <b>CC processing fees</b>
		<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 <b>Roberto Trevino</b>	Office sought      Office held

Date <b>6/30/2016</b>	Payee name <b>Piryx</b>	
Amount (\$) <b>39.80</b>	Payee address; City; State; Zip Code <b>144 2nd St San Francisco, CA 94105</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Other:</b>	Description <b>CC processing fees</b>
		<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 <b>Roberto Trevino</b>	Office sought      Office held

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	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	Gifts/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

<b>1</b> Total pages Schedule F1: <b>16 of 16</b>	<b>2</b> FILER NAME <b>Roberto C Trevino</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>6/30/2016</b>	<b>5</b> Payee name <b>Piryx</b>	
<b>6</b> Amount (\$) <b>39.80</b>	<b>7</b> Payee address; City; State; Zip Code <b>144 2nd St San Francisco, CA 94105</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Other:</b>	<b>(b)</b> Description <b>CC processing fees</b>
		<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name <b>Roberto Trevino</b>	Office sought      Office held

Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)	Description
		<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought      Office held

Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)	Description
		<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought      Office held

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# UNPAID INCURRED OBLIGATIONS

# SCHEDULE F2

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	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	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F2: <b>1 of 1</b>	<b>2</b> FILER NAME <b>Roberto C Trevino</b>	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	<b>\$ 0</b>
--	-------------

<b>5</b> Date	<b>6</b> Payee name
---------------	---------------------

<b>7</b> Amount (\$)	<b>8</b> Payee address; City; State; Zip Code
----------------------	---

<b>9</b> TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
------------------------------	---

<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule)	<b>(b)</b> Description
		<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense

<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
---------------------	---

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

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F3**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule F3:  
**1 of 1**

**2** FILER NAME  
**Roberto C Trevino**

**3** Filer ID (Ethics Commission Filers)

**4** Date

**5** Name of person from whom investment is purchased

.....  
**6** Address of person from whom investment is purchased;                      City;                      State;                      Zip Code

**7** Description of investment

**8** Amount of investment (\$)

Date

Name of person from whom investment is purchased

.....  
Address of person from whom investment is purchased;                      City;                      State;                      Zip Code

Description of investment

Amount of investment (\$)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	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	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F4: <b>1 of 1</b>	<b>2</b> FILER NAME <b>Roberto C Trevino</b>	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	<b>\$ 0</b>
--	-------------

<b>5</b> Date	<b>6</b> Payee name
---------------	---------------------

<b>7</b> Amount (\$)	<b>8</b> Payee address; City; State; Zip Code
----------------------	---

<b>9</b> TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
------------------------------	---

<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule)	<b>(b)</b> Description
		<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense

<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

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

TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
---------------------	---

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

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/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

<b>1</b> Total pages Schedule G: <b>1 of 1</b>	<b>2</b> FILER NAME <b>Roberto C Trevino</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Payee Name	
<b>6</b> Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address;                      City;      State;      Zip Code	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule)	<b>(b)</b> Description  <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> 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	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)	Description  <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held
Date	Payee name	
Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address;                      City;      State;      Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)	Description  <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held

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# PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

## SCHEDULE H

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment	Event Expense Fees Food/Beverage Expense Gifts/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)
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**The Instruction Guide explains how to complete this form**

<b>1</b> Total pages Schedule H: <b>1 of 1</b>	<b>2</b> FILER NAME <b>Roberto C Trevino</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Business name	
<b>6</b> Amount (\$)	<b>7</b> Business address;                      City;      State;      Zip Code	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule)	<b>(b)</b> Description
		<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                      Candidate / Officeholder name                      Office sought                      Office held		
Date	Business name	
Amount (\$)	Business address;                      City;      State;      Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)	Description
		<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH                      Candidate / Officeholder name                      Office sought                      Office held		
Date	Business name	
Amount (\$)	Business address;                      City;      State;      Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)	Description
		<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH                      Candidate / Officeholder name                      Office sought                      Office held		

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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE I**

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I: <b>1 of 1</b>	<b>2</b> FILER NAME <b>Roberto C Trevino</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Payee name	
<b>6</b> Amount (\$)	<b>7</b> Payee address;                      City;    State;    Zip Code	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category    (See instructions for examples of acceptable categories.)	<b>(b)</b> Description    (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address;                      City;    State;    Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category    (See instructions for examples of acceptable categories.)	Description    (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address;                      City;    State;    Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category    (See instructions for examples of acceptable categories.)	Description    (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address;                      City;    State;    Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category    (See instructions for examples of acceptable categories.)	Description    (See instructions regarding type of information required.)

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# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

## SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:  
1 of 1

2 FILER NAME  
**Roberto C Trevino**

3 Filer ID (Ethics Commission Filers)

<b>4</b> Date	<b>5</b> Name of person from whom amount is received	<b>8</b> Amount (\$)
	.....	
	<b>6</b> Address of person from whom amount is received; City; State; Zip Code	
	<b>7</b> Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	

Date	Name of person from whom amount is received	Amount (\$)
	.....	
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	

Date	Name of person from whom amount is received	Amount (\$)
	.....	
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	

Date	Name of person from whom amount is received	Amount (\$)
	.....	
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	

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# IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

**SCHEDULE T**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T: <b>1 of 1</b>
2 FILER NAME <b>Roberto C Trevino</b>		3 Filer ID (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
6 Dates of travel	7 Name of person(s) traveling	
	8 Departure city or name of departure location	
	9 Destination city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	

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**CANDIDATE / OFFICEHOLDER REPORT:  
DESIGNATION OF FINAL REPORT**

**FORM C/OH - FR**

**The Instruction Guide explains how to complete this form.  
•• Complete only if "Report Type" on page 1 is marked "Final Report" ••**

C/OH NAME  
**Roberto C Trevino**

Filer ID (Ethics Commission Filers)

**SIGNATURE**

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

\_\_\_\_\_  
Signature of Candidate / Officeholder

**FILER WHO IS NOT AN OFFICEHOLDER**

**•• Complete A & B below *only* if you are not an officeholder. ••**

**A. CAMPAIGN FUNDS**

Check only one:

- I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

**B. ASSETS**

Check only one:

- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

\_\_\_\_\_  
Signature of Candidate

**OFFICEHOLDER**

**•• Complete this section *only* if you are an officeholder. ••**

- I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

\_\_\_\_\_  
Signature of Officeholder