

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="radio"/> FIRST MI	<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center;">OFFICE USE ONLY</p> <p>Date Received</p> <p style="text-align: center; font-size: 2em; font-weight: bold;">CITY SECRETARY'S OFFICE</p> <p style="text-align: center; font-weight: bold;">Received</p> <p style="text-align: center; font-size: 1.5em;">OCT 9 2012</p> <p>Date Handled / Entered or Postmarked</p> <p style="text-align: center; font-size: 1.5em; font-weight: bold;">8:22 a.m. / eg</p> <p>Receipt # HARLINGEN, TX</p> <p>Date Processed</p> <p>Date Imaged</p> </div>	
	NICKNAME LAST SUFFIX		
<p style="text-align: center; font-size: 1.5em; font-weight: bold;">Plinio J</p> <p style="text-align: center; font-size: 1.5em; font-weight: bold;">Joey Trevino</p>			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE		
	<p style="font-size: 1.5em; font-weight: bold;">5318 Remington Harlingen, TX 78552</p>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION		
<p style="font-size: 1.5em; font-weight: bold;">(956) 522-0394</p>			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="radio"/> FIRST MI	<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center;">OFFICE USE ONLY</p> <p>Date Received</p> <p style="text-align: center; font-size: 2em; font-weight: bold;">CITY SECRETARY'S OFFICE</p> <p style="text-align: center; font-weight: bold;">Received</p> <p style="text-align: center; font-size: 1.5em;">OCT 9 2012</p> <p>Date Handled / Entered or Postmarked</p> <p style="text-align: center; font-size: 1.5em; font-weight: bold;">8:22 a.m. / eg</p> <p>Receipt # HARLINGEN, TX</p> <p>Date Processed</p> <p>Date Imaged</p> </div>	
	NICKNAME LAST SUFFIX		
<p style="text-align: center; font-size: 1.5em; font-weight: bold;">Plinio J.</p> <p style="text-align: center; font-size: 1.5em; font-weight: bold;">Joey Trevino</p>			
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE # CITY STATE ZIP CODE		
	<p style="font-size: 1.5em; font-weight: bold;">5318 Remington Harlingen TX 78552</p>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION		
	<p style="font-size: 1.5em; font-weight: bold;">(956) 522-0394</p>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Expedited \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year	THROUGH	Month Day Year
	<p style="font-size: 1.5em; font-weight: bold;">8 / 7 2012</p>		<p style="font-size: 1.5em; font-weight: bold;">10 / 9 2012</p>
11 ELECTION	ELECTION DATE Month Day Year	ELECTION TYPE	
	<p style="font-size: 1.5em; font-weight: bold;">11 / 6 2012</p>	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
	<p style="font-size: 1.5em; font-weight: bold;">City Commission Dist 5</p>		<p style="font-size: 1.5em; font-weight: bold;">City Commission Dist 5</p>
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURES MADE BY OTHERS WITHOUT THE CANDIDATE'S PRIOR CONSENT OR APPROVAL. CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION ONLY IF THEY RECEIVE NOTIFICATION OF THE DIRECT CAMPAIGN EXPENDITURE.		
	Name		
	Address / PO Box APT / Suite # City State Zip Code		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

Plinio Jose Trevino

16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

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

COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

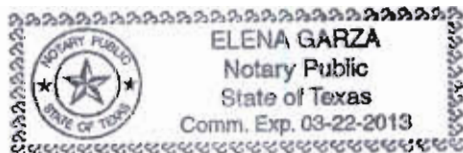
18 CONTRIBUTION TOTALS

1	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) UNLESS ITEMIZED	\$
2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS OR GUARANTEES OF LOANS)	\$ <i>5,500.00</i>
3	TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
4.	TOTAL POLITICAL EXPENDITURES	\$ <i>3,787.43</i>
5	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>1712.57</i>
6	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

19 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

Plinio Jose Trevino
Signature of Candidate or Officeholder



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Plinio Jose Trevino* this the *9th* day of *October* 20 *12*, to certify which, witness my hand and seal of office.

Elena Garza Signature of officer administering oath
 Elena Garza Printed name of officer administering oath
 Notary Public Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A 1 of 4	
2 FILER NAME Plinio Joey Trevino		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 8-7-2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Professional Service Industries PAC	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)
6 Contributor address, City, State, Zip Code 2020 Loop 499 #302 Harlingen, TX 78550		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 8-10-2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Jesse + Lebbas Salinas	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code 1201 E. Exp 83 Mission TX 78572		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8-16-2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Lincberger, Goggin, Blair & Sampson LLP	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code PO Box 17428 Austin, TX 78760		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8-16-2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Rolando + Cynthia Rubiano	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code 518 E Woodland Dr Harlingen, TX 78550		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8-21-2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Rolando Rios	Amount of contribution (\$) 300.00	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code 115 E. Travis 1645 San Antonio, TX 78205 78205		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

7300

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A 2 of 4	
2 FILER NAME Plinio Joey Trevino		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 8-21-2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Raba Kistner PAC	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
6 Contributor address, City, State, Zip Code 12821 V. Golden Lane San Antonio TX 78249		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 8-21-2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Half Associates PAC	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code 1201 N. Bowser Road Richardson, TX 75081		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 7-19-2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Arturo D. Olivarez	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code 5317 Remington Harlingen, TX 78552		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9-20-2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mary Pat Laurel	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code 1717 Peach Tree Ct Harlingen TX 78556		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9-20/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Severo & Oakinda Palacio	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code 4009 Fir Ave McAllen TX 78501		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) 1950	

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A. 3 of 4	
2 FILER NAME Minio Joey Trevino		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9-27-2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gladys Guernsey	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address, City, State, Zip Code 27344 Dilworth Rd Harlingen Tx 78552		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 9-27-2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) NORA CASTANEDA	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code 2804 Beckys Ln Harlingen, Tx 78550		(If travel outside of Texas complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9-28-2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Glenn G. + Gail T. Thomason	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code 5117 LA VISTA circle Harlingen Tx 78552		(If travel outside of Texas complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9-28-2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rachel Hartanovich	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code 110 W. Barbara Harlingen Tx 78550		(If travel outside of Texas complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9-30-2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) John + Joanne Guajara	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code 3205 Seminole Ct Harlingen Tx 78550		(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.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A
4 of 4

2 FILER NAME **Aliso Jag Trevino** 3 ACCOUNT # (Ethics Commission Filers)

4 Date 10-1-2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Norma Linda ALANIZ	7 Amount of contribution (\$) 400	8 In-kind contribution description (if applicable)
6 Contributor address, City, State, Zip Code PO Box 217 Rio Hondo TX 78583		(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)

Date 9-27-2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hector Lopez	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code 27546 Park Ln Harlingen TX 78552		(If travel outside of Texas, complete Schedule T)	

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

Date 10-1-2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tony Chapa - Harlingen News.com	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable) Advertising
Contributor address, City, State, Zip Code 1721 Hickory Court Harlingen, Tx 78550		(If travel outside of Texas, complete Schedule T)	

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 (\$)	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code		(If travel outside of Texas, complete Schedule T)	

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 (\$)	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)
200

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

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <i>1 of 4</i>	2 FILER NAME <i>Plinio Jose Trevino</i>	3 ACCOUNT # (Ethics Commission Filers)
--	--	--

4 Date <i>8-14-2012</i>	5 Payee name <i>Blue Marlin Restaurant</i>
----------------------------	---

6 Amount (\$) <i>67.94</i>	7 Payee address; City; State; Zip Code <i>2680 W. Hwy 77, San Antonio, TX 78586</i>
-------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Food & Beverage Exp</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>meeting to discuss campaign issues</i>
--------------------------	--	--

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

Date <i>8/21/2012</i>	Payee name <i>Speedy Stop Convenience Store</i>
--------------------------	--

Amount (\$) <i>61.01</i>	Payee address; City; State; Zip Code <i>613 S. Exp 83, Harlingen TX 78552</i>
-----------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Travel within District</i>	Description (If travel outside of Texas, complete Schedule T) <i>Campaign gas</i>
------------------------	---	--

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

Date <i>8/24/2012</i>	Payee name <i>La Playa Mexican Cafe</i>
--------------------------	--

Amount (\$) <i>28.78</i>	Payee address; City; State; Zip Code <i>502 S. 77 Sunshine Strip Harlingen, TX 78550</i>
-----------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Food & Bev Exp</i>	Description (If travel outside of Texas, complete Schedule T) <i>meeting to discuss campaign issues</i>
------------------------	---	--

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

Date <i>8/28/2012</i>	Payee name <i>M-S-Designs</i>
--------------------------	----------------------------------

Amount (\$) <i>880.41</i>	Payee address; City; State; Zip Code <i>424 W Harrison Harlingen TX 78557</i>
------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising</i>	Description (If travel outside of Texas, complete Schedule T) <i>Political Advertising</i>
------------------------	--	---

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <i>2 of 4</i>	2 FILER NAME <i>Plinio Jay Trevino</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <i>9-13-2012</i>	5 Payee name <i>Home Depot</i>	
6 Amount (\$) <i>13.26</i>	7 Payee address; City; State; Zip Code <i>4710 S. Exp 77/183 Harlingen Tx</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Advertising Exp</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Supplies to put up signs</i>
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>9-21-2012</i>	Payee name <i>M-S Designs</i>	
Amount (\$) <i>569.93</i>	Payee address; City; State; Zip Code <i>424 W. Harrison Harlingen Tx 78550</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising Exp</i>	Description (If travel outside of Texas, complete Schedule T) <i>Political Advertising</i>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>9-24-2012</i>	Payee name <i>Seafarers Restaurant</i>	
Amount (\$) <i>11.47</i>	Payee address; City; State; Zip Code <i>2120 South 77 Sunshine Str. D Harlingen Tx 78550</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Food & Bev. Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>meeting to discuss Campaign issues</i>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>9-27-2012</i>	Payee name <i>Lonestar Convenience Store</i>	
Amount (\$) <i>50.00</i>	Payee address; City; State; Zip Code <i>14755 W. Exp 83 + Bass Blvd Harlingen Tx 78552</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Travel within District</i>	Description (If travel outside of Texas, complete Schedule T) <i>gasoline</i>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 3 of 4	2 FILER NAME Plinio Joey Trevino	3 ACCOUNT # (Ethics Commission Filers)
--	--	---

4 Date 9-29-2012	5 Payee name Loughorn CATT COMPANY
----------------------------	--

6 Amount (\$) 47.63	7 Payee address; City; State; Zip Code 3055 W Exp 83 San Benito, TX 78586
-------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense	(b) Description (If travel outside of Texas, complete Schedule T) meeting to discuss CAMPAIGN ISSUES
---------------------------------	--	--

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

Date 10/1/2012	Payee name HEB Gasolin
--------------------------	----------------------------------

Amount (\$) 42.00	Payee address; City; State; Zip Code 1213 S. Commerce Harlingen, TX
-----------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Travel within District	Description (If travel outside of Texas, complete Schedule T) gasolin
-------------------------------	---	---

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

Date 10/3/2012	Payee name M-S Design
--------------------------	---------------------------------

Amount (\$) 409.80	Payee address; City; State; Zip Code 424 W Harrison Harlingen TX 78552
------------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Exp	Description (If travel outside of Texas, complete Schedule T) Political Advertising
-------------------------------	--	---

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

Date 10/5/2012	Payee name Quack Stalk Gallery
--------------------------	--

Amount (\$) 440.00	Payee address; City; State; Zip Code 316 E Jackson Harlingen TX 78550
------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Exp	Description (If travel outside of Texas, complete Schedule T) Campaign Advertising
-------------------------------	--	--

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 4 of 4	2 FILER NAME Plinio Joey Trivino	3 ACCOUNT # (Ethics Commission Filers)
4 Date 8/25/2012 to 10/5/2012	5 Payee name Jesse James	
6 Amount (\$) 660.00	7 Payee address; City; State; Zip Code 806 E. Washington Harrisburg Tx 78550	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/wages/contract labor	(b) Description (If travel outside of Texas, complete Schedule T) Contract Labor
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 10/8/2012	Payee name RGU Media Group	
Amount (\$) 500.00	Payee address; City; State; Zip Code 700 E. Levee Brownsville, Tx 78520	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Adv Exp	Description (If travel outside of Texas, complete Schedule T) Campaign Advertising
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: <i>1 of 1</i>	2 FILER NAME <i>Plinio Jose Trevino</i>	3 ACCOUNT # (Ethics Commission Filers)
---	---	---

4 Date	5 Payee name <i>Leukemia & Lymphoma Society</i>
---------------	---

6 Amount (\$) <i>200.00</i>	7 Payee address; City; State; Zip Code <i>421 Isom Rd Suite 120 San Antonio Tx 78216</i>
---------------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>contribution/donation/made by candidate/office holder</i>	(b) Description (See instructions regarding type of information required.) <i>Donation to fundraiser</i>
---------------------------------	---	--

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

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

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
------------------------	--	--

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

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

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
------------------------	--	--

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

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

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
------------------------	--	--

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED