

# 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="checkbox"/> FIRST MI Plinio J. NICKNAME LAST SUFFIX Joey Trevino	<b>OFFICE USE ONLY</b> Date Received <div style="text-align: center; border: 1px solid black; border-radius: 50%; padding: 10px; width: fit-content; margin: 0 auto;">                     CITY SECRETARY'S OFFICE                      Received                      DEC 12 2012                      DE                      HARLINGEN TX                 </div> Date Hand-delivered or Postmarked Receipt # Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 5318 Remington Hallingen Tx 78552		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 522-0394		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="checkbox"/> FIRST MI Plinio J. NICKNAME LAST SUFFIX Trevino		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE 5318 Remington Dr Harlingen Tx 78552		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 522-0394		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input checked="" 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"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year 10 / 28 / 2012    12 / 11 / 2012		
11 ELECTION	ELECTION DATE Month Day Year 12 / 21 / 2012	ELECTION TYPE <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) Harlingen City Commissioner Dist # 5	13 OFFICE SOUGHT (if known) SAME	

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME

*Plinio Joey Trevino*

15 ACCOUNT # (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.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 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)

\$ *5215.<sup>00</sup>*

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ *5930.<sup>28</sup>*

CONTRIBUTION BALANCE

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

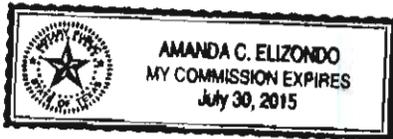
\$ *157.72*

OUTSTANDING LOAN TOTALS

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

\$

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.

*Plinio Joey Trevino*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Plinio Joey Trevino*, this the *12<sup>th</sup>* day of *Dec.*, 20 *12*, to certify which, witness my hand and seal of office.

*Amanda C. Elizondo*  
Signature of officer administering oath

*Amanda C. Elizondo*  
Printed name of officer administering oath

*City Secy*  
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 5	
2 FILER NAME Plinio Jose Trevino		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/30/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Toni GARZA	7 Amount of contribution (\$) 500.00	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 10/30/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dr. Juan Villarreal	Amount of contribution (\$) 150.00	In-kind contribution description (if applicable)
Contributor address: City; State; Zip Code 16408 Garratt Road 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#: _____) Ronny Garcia	Amount of contribution (\$) 700.00	In-kind contribution description (if applicable)
Contributor address: City; State; Zip Code 27472 St Hwy 345 San Benito, Tx 78586		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/1/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ernest Silva	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address: City; State; Zip Code 1325 S. 77 Sunshine Str. Suite 214 Harlingen, Tx 78550		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/1/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lillian Winters	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address: City; State; Zip Code 27552 McCallum Harlingen Tx 78552		(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:  
2 of 5

2 FILER NAME *Plinio Jocy Trevino* 3 ACCOUNT # (Ethics Commission Filers)

4 Date <i>1-2-2012</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sandra Smith</i>	7 Amount of contribution (\$) <i>100.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>1713 Farley St Harlingen TX 78550</i>		(If travel outside of Texas, complete Schedule T)	

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

Date <i>10-2-2012</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Cynthia Burns</i>	Amount of contribution (\$) <del>100.00</del>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>32551 Stafford Los Fresnos, Tx 79533</i>		(If travel outside of Texas, complete Schedule T)	

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

Date <i>11/3/2012</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sylvia Higgins</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>525 BRAWNER PARKWAY CORPUS CHRISTI TX 78411</i>		(If travel outside of Texas, complete Schedule T)	

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

Date <i>11/7/2012</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Cesar Morales</i>	Amount of contribution (\$) <i>50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1729 Peach Tree Ct Harlingen, Tx 78550</i>		(If travel outside of Texas, complete Schedule T)	

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

Date <i>11/7/2012</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Auselmo Sosa</i>	Amount of contribution (\$) <i>50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>Rio Hondo TX 78583</i>		(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: <b>3 of 5</b>	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>11/7/2012</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Ricardo Morales</b>	7 Amount of contribution (\$) <b>100.<sup>00</sup></b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>3101 Banyan Cir Harlingen, TX 78550</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>11/17/2012</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Linda Correa-Garcia</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>2014 E. Austin Harlingen, TX 78550</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>11-17-2012</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Javier Correa</b>	Amount of contribution (\$) <b>20.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>Po Box 2252 Harlingen TX 78553</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>11-17-2012</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Dora Ellic</b>	Amount of contribution (\$) <b>20.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1402 Palomina Harlingen, TX 78552</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>11/27/2012</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jesse &amp; Lebbey Salinas</b>	Amount of contribution (\$) <b>1,000.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1201 E Exp 93 Mission, TX 78572</b>		(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 5

2 FILER NAME

3 ACCOUNT # (Ethics Commission Filers)

4 Date

12-7-2012

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

Lonnie Davis

6 Contributor address; City; State; Zip Code

1201 W Van Doren  
Harlingen TX 78550

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

Chicken for BBQ Rally

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

12-11-2012

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

Ed Nino

Contributor address; City; State; Zip Code

PO Box 531449  
Harlingen TX 78553

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12-7-2012

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

Fred Rendon

Contributor address; City; State; Zip Code

1749 Apple Ct  
Harlingen TX 78550

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12-03-2011

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

Linc Barger Goggin, Blair Sampson

Contributor address; City; State; Zip Code

PO Box 13428  
Harlingen TX 78560

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12-07-2011

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

John Guevara

Contributor address; City; State; Zip Code

3205 Seminole  
Harlingen TX 78550

Amount of contribution (\$)

200.00

In-kind contribution description (if applicable)

(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:  
5 of 5

2 FILER NAME *Plinio Jose Trevino* 3 ACCOUNT # (Ethics Commission Filers)

4 Date <i>12/1/2012</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Tony Gutticere?</i>	7 Amount of contribution (\$)  <i>500.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>1325 S. Bushline Strip Harlingen Tx 78550</i>		(If travel outside of Texas, complete Schedule T)	

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

Date <i>12-8-2012</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Dennis Zamoras</i>	Amount of contribution (\$)  <i>25.00</i>	In-kind contribution description (if applicable)  <i>In kind for BBA cookoff</i>
Contributor address; City; State; Zip Code <i>2019 E Washington Harlingen, Tx</i>		(If travel outside of Texas, complete Schedule T)	

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

Date <i>12/7/2012</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Rudy Martinez</i>	Amount of contribution (\$)  <i>50.00</i>	In-kind contribution description (if applicable)  <i>In kind for BBA RALLY</i>
Contributor address; City; State; Zip Code <i>15941 Drury Rd Harlingen, 78552</i>		(If travel outside of Texas, complete Schedule T)	

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

Date <i>12-8-2012</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Felix Sanchez?</i>	Amount of contribution (\$)  <i>50.00</i>	In-kind contribution description (if applicable)  <i>In kind for BBA RALLY</i>
Contributor address; City; State; Zip Code <i>1010 South Loop 499 Harlingen Tx 78550</i>		(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)

**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.

<b>1</b> Total pages Schedule F: 1 of 7	<b>2</b> FILER NAME Pinio Jose Trevino	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 11/2/2017	<b>5</b> Payee name RGU Media Group	
<b>6</b> Amount (\$) 2,276.00	<b>7</b> Payee address; City; State; Zip Code 700 E levee Suite 211 Brownsville, TX 7852	
<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising	(b) Description (If travel outside of Texas, complete Schedule T) mailouts & Ads
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date 11/2/2017	Payee name Jesse James	
Amount (\$) 600.00	Payee address; City; State; Zip Code 806 E. Washington Harlingen, TX 78550	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) contract labor	Description (If travel outside of Texas, complete Schedule T) campaign worker expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date 11/5/2017	Payee name Chick-fil-A #02407	
Amount (\$) 20.90	Payee address; City; State; Zip Code Lincoln + Dixieland Harlingen, TX 78552	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Food + Bev Exp	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date 11/6/2017	Payee name Ray Candia	
Amount (\$) 200.00	Payee address; City; State; Zip Code 320 N. OSCAR Primera TX	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) contract labor	Description (If travel outside of Texas, complete Schedule T) campaign worker exp
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: 2 of 7	2 FILER NAME Plinio Jose Trevino	3 ACCOUNT # (Ethics Commission Filers)
-------------------------------------	-------------------------------------	--

4 Date 11/6/2012	5 Payee name Speedy Stop
---------------------	-----------------------------

6 Amount (\$) 40.00	7 Payee address; City; State; Zip Code W. Exp 83 d Stuart Place Harlingen, Tx
------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Transportation Exp	(b) Description (If travel outside of Texas, complete Schedule T) gas - candidate
--------------------------	--	--

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

Date 11/6/2012	Payee name Stripes
-------------------	-----------------------

Amount (\$) 50.00	Payee address; City; State; Zip Code 1937 N. Stuart Place Harlingen Tx
----------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Transportation Exp	Description (If travel outside of Texas, complete Schedule T) GAS, Tom Garcia volunteer
------------------------	--	--

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

Date 11/6/2012	Payee name Dollar General
-------------------	------------------------------

Amount (\$) 7.17	Payee address; City; State; Zip Code 5901 W. Business 83 Harlingen, Tx 78552
---------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food & Beverage	Description (If travel outside of Texas, complete Schedule T) water for campaign volunteer work
------------------------	---	--

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

Date 11/6/2012	Payee name Chick-fil-A #02487
-------------------	----------------------------------

Amount (\$) 32.39	Payee address; City; State; Zip Code Lincoln & Dixieland Harlingen Tx 78552
----------------------	---

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

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 7	2 FILER NAME Plinio Jog Trevino	3 ACCOUNT # (Ethics Commission Filers)
-------------------------------------	------------------------------------	--

4 Date 11/7/2012	5 Payee name Jesse James
---------------------	-----------------------------

6 Amount (\$) 500.00	7 Payee address; City; State; Zip Code 806 E. Washington Harlingen, Tx 78550
-------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contract Labor	(b) Description (If travel outside of Texas, complete Schedule T) Campaign work
--------------------------	--	--

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

Date 11/19/2012	Payee name Stripes #2194
--------------------	-----------------------------

Amount (\$) 47.06	Payee address; City; State; Zip Code 2365 Loop 499 Harlingen, Tx 78550
----------------------	--

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

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

Date 11/27/2012	Payee name #4 HEB gasoline
--------------------	-------------------------------

Amount (\$) 57.79	Payee address; City; State; Zip Code 1213 - S. Commerce Harlingen, Tx 78550
----------------------	---

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

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

Date 11/27/2012	Payee name Chick-fil-A
--------------------	---------------------------

Amount (\$) 26.71	Payee address; City; State; Zip Code Lincoln + Dixieland Harlingen, Tx 78552
----------------------	--

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

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.

<b>1</b> Total pages Schedule F: 4 of 7	<b>2</b> FILER NAME Blinio Joey Trevin	<b>3</b> ACCOUNT # (Ethics Commission Filers)
--	---	---

<b>4</b> Date 12-2-2012	<b>5</b> Payee name Jesse James
----------------------------	------------------------------------

<b>6</b> Amount (\$) 240.00	<b>7</b> Payee address: City: State; Zip Code 806 E Washington Harlingen, Tx 78550
--------------------------------	--

<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contract Labor	(b) Description (If travel outside of Texas, complete Schedule T)
---------------------------------	--	---

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

Date 12-3-2012	Payee name Speedy Stop Gasolin
-------------------	-----------------------------------

Amount (\$) 55.61	Payee address: City: State; Zip Code Stuart Place & Exp 83 Harlingen Tx 78557
----------------------	---

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

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

Date 12-3-2012	Payee name M-S Design
-------------------	--------------------------

Amount (\$) 597.54	Payee address: City: State; Zip Code 525 W Harrison Harlingen
-----------------------	---

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

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

Date 12-7-2012	Payee name Speedy Stop
-------------------	---------------------------

Amount (\$) 53.00	Payee address: City: State; Zip Code W Exp 83 & Stuart Place Harlingen, Tx 78552
----------------------	--

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

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.

<b>1</b> Total pages Schedule F: 5 of 7	<b>2</b> FILER NAME Plinio Jose Trevino	<b>3</b> ACCOUNT # (Ethics Commission Filers)
--	--	---

<b>4</b> Date 11-5-2012	<b>5</b> Payee name HEB
----------------------------	----------------------------

<b>6</b> Amount (\$) 61.97	<b>7</b> Payee address; City; State; Zip Code 613. S. EXPRESSWAY HARLINGEN, TX 78550
-------------------------------	--

<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Food & Beverage, Expen	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) Snacks, Bev. for Campaign Worker
	Candidate / Officeholder name	Office sought      Office held

Complete ONLY if direct expenditure to benefit C/OH

Date 12-8-2012	Payee name Office Dood
-------------------	---------------------------

Amount (\$) 64.62	Payee address; City; State; Zip Code 605. S EXP 83 HARLINGEN, TX 78550
----------------------	--

<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Advertising Expe	Description (If travel outside of Texas, complete Schedule T) Campaign Flyer
	Candidate / Officeholder name	Office sought      Office held

Complete ONLY if direct expenditure to benefit C/OH

Date 12-3-2012	Payee name Quinnos
-------------------	-----------------------

Amount (\$) 18.25	Payee address; City; State; Zip Code 2211 W. Lincoln HARLINGEN, TX 78552
----------------------	--

<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Food & Bev Expense	Description (If travel outside of Texas, complete Schedule T) Meals for Volunteer
	Candidate / Officeholder name	Office sought      Office held

Complete ONLY if direct expenditure to benefit C/OH

Date 12-6-2012	Payee name Dollar General
-------------------	------------------------------

Amount (\$) 21.48	Payee address; City; State; Zip Code 5901 W. Business 83 HARLINGEN, TX 78557
----------------------	--

<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Food & Bev Expe	Description (If travel outside of Texas, complete Schedule T) snacks & Drinks for Billwatcher Training
	Candidate / Officeholder name	Office sought      Office held

Complete ONLY if direct expenditure to benefit C/OH

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: 6 of 7	2 FILER NAME Plenio Joey Trevino	3 ACCOUNT # (Ethics Commission Filers)
4 Date 12-6-2012	5 Payee name OK Rancher	
6 Amount (\$) 13.52	7 Payee address; City; State; Zip Code 1116 S. Commerce Harlingen Tx 78550	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food & Bev Exp	(b) Description (If travel outside of Texas, complete Schedule T) Meals for Campaign workers
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12-8-2012	Payee name Target	
Amount (\$) 5.29	Payee address; City; State; Zip Code Dixieland Rd Harlingen Tx	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food & Bev Exp	Description (If travel outside of Texas, complete Schedule T) Water for volunteers
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12-7-2012	Payee name RGU medical	
Amount (\$) 670.00	Payee address; City; State; Zip Code 700 E Wince Brownsville Tx 78521	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertisement exp	Description (If travel outside of Texas, complete Schedule T) Sunday Ad 12-9-2012
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12-11-2012	Payee name Office Depot	
Amount (\$) 20.99	Payee address; City; State; Zip Code 605 S Exp 83 Harlingen Tx 78550	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Adv Exp	Description (If travel outside of Texas, complete Schedule T) Print flyers
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.

<b>1</b> Total pages Schedule F: <del>7</del> 7 of 7	<b>2</b> FILER NAME Plinio Jose Trevino	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 12-8-2012	<b>5</b> Payee name Jesse James Contract Labz	
<b>6</b> Amount (\$) 100.00	<b>7</b> Payee address; City; State; Zip Code 807 E Washington Harlingen, Tx 78550	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) contract labor	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) 12.3-2012 - 12-8-2012 work week
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date 12-8-2012	Payee name Jose Luis Trevino	
Amount (\$) 50.00	Payee address; City; State; Zip Code 2014 Lamb Ave Harlingen, Tx 78552	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contract Labor	Description (If travel outside of Texas, complete Schedule T) Expense for personal vehi.
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date 12-8-2012	Payee name Ramon Garcia	
Amount (\$) 50.00	Payee address; City; State; Zip Code PO Box 1558 LA Feria Tx 78559	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contract Labor	Description (If travel outside of Texas, complete Schedule T) Expense for vehicle
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date 11-20-2012	Payee name Speedy Stop	
Amount (\$) 56.87	Payee address; City; State; Zip Code Stuart Place + Exo 23 Harlingen Tx 78552	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Travel	Description (If travel outside of Texas, complete Schedule T) Gas
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED