

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 FIRST MI
MR Plinio J
NICKNAME LAST SUFFIX
Joey Trevino Jr

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE
5318 Remington Dr
Harlingen Tx 78552
 change of address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(956) 522 -0394

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
Plinio J
NICKNAME LAST SUFFIX
Joey Trevino Jr.

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

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officials only)
 July 15 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year
12 / 11 / 2012 THROUGH 1 / 4 / 2013

11 ELECTION

ELECTION DATE Year
Month Day Year
12 / 21 / 2012
ELECTION TYPE
 Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any)
Commissioner
Dist 5

13 OFFICE SOUGHT (if known)

GOTO PAGE 2

SECRETARY'S OFFICE USE ONLY
Received
Date Received
JAN 10 2013
all 4:35 p.m.
HARLINGEN, TX

Date Hand-delivered or Postmarked
Receipt # Amount
Date Processed
Date Imaged

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

SPECIFIC

COMMITTEE ADDRESS

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)

\$ *1,195.⁰⁰*

EXPENDITURE
TOTALS

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

\$ *_____*

4. TOTAL POLITICAL EXPENDITURES

\$ *1364.93*

CONTRIBUTION
BALANCE

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

\$ *-0-*

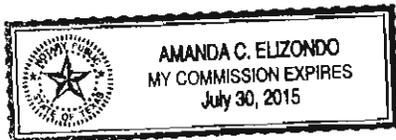
OUTSTANDING
LOAN TOTALS

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 10th day of JAN., 20 13, to certify which, witness my hand and seal of office.

Amanda C. Elizondo Amanda C. Elizondo City Sec'y.
Signature of officer administering oath Printed name of officer administering oath 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:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12-12-2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gabriel Bouanegra	7 Amount of contribution (\$) 50.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 701 W. Harrison Harlingen, TX 78550		(If travel outside of Texas, complete Schedule T)	

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

Date 12-14-2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nancy Degrazia	Amount of contribution (\$) 20.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 50 Pilgrim Trail Woodbury CT 06798		(If travel outside of Texas, complete Schedule T)	

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

Date 12-13-2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gesan Morales	Amount of contribution (\$) 25.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1729 Peach Tree Ct Harlingen, TX 78550		(If travel outside of Texas, complete Schedule T)	

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

Date 12-15-2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ernesto Silva	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1325 S. 77. Suvshjar Strip Suite 143 Harlingen TX 78550		(If travel outside of Texas, complete Schedule T)	

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

Date 12/17/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frank Puente Jr.	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 122 E Lee 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:

2 FILER NAME

Plinio Joey Trevino

3 ACCOUNT # (Ethics Commission Filers)

4 Date

12-18-2012

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

Rudy Martinez - Earthco

7 Amount of contribution (\$)

200.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

1110 W. Jackson
Harlingen, Tx 78550

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

12-17-2012

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

Humberto Zamora

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1014 E Harrison
Harlingen, Tx

Passenger
VAN Rental
In-kind

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12-18-2012

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

Gustavo Ruiz

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

505 W. Tyler
Harlingen, Tx 78550

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/20/2012

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

Jose Rubio Jr.

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

2309 Hacienda Rd
Harlingen, Tx

In-kind
flyer distrib

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

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 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 FILER NAME 3 ACCOUNT # (Ethics Commission Filers)

Plinio Joey Trevino

4 Date
12/13/2012

5 Payee name
Rampu Garcia

6 Amount (\$)
100.00

7 Payee address; City; State; Zip Code
P.O. Box 1558
La Feria Tx 78559

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)

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

Date
12/18/2012

Payee name
Pepi's Mexican Restaurant

Amount (\$)
46.00

Payee address; City; State; Zip Code
117 S. 27 Sunshine Strip
Harlingen, Tx 78556

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule)
Food + Beverage exp

Description (If travel outside of Texas, complete Schedule T)
Campaign worker meal

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

Date
12/20/2012

Payee name
HEB Gasoline

Amount (\$)
61.00

Payee address; City; State; Zip Code
2409 E. Exp 83
Mission

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule)
Transportation

Description (If travel outside of Texas, complete Schedule T)
Gasoline

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

Date
12/20/2012

Payee name
RGV Media

Amount (\$)
670.00

Payee address; City; State; Zip Code
700 E. Levee Suite 211
Brownsville, Tx 78520

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule)
Advertising Expense

Description (If travel outside of Texas, complete Schedule T)
Newspaper Ad

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	Printing Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees		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>12/2</i>	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
--	--------------	--

4 Date <i>12/20/2012</i>	5 Payee name <i>Stevens Food Mart</i>
-----------------------------	--

6 Amount (\$) <i>27.93</i>	7 Payee address; City; State; Zip Code <i>5999 W. Business 83 Harlingen, Tx 78552</i>
-------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Food & Bev Exp</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Campaign Workers food</i>
--------------------------	---	---

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

Date <i>12/21/2012</i>	Payee name <i>José Luis Treviño</i>
---------------------------	--

Amount (\$) <i>60.00</i>	Payee address; City; State; Zip Code <i>2014 Lamb Ave Harlingen, Tx 78552</i>
-----------------------------	--

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

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

Date <i>12/21/2012</i>	Payee name <i>The Spots - Maria Flores, Silver Treviño</i>
---------------------------	---

Amount (\$) <i>300.00</i>	Payee address; City; State; Zip Code <i>1649 International Brownsville Tx</i>
------------------------------	--

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER 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" **

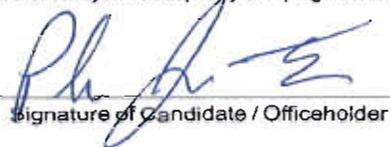
1 C/OH NAME

Plinio Joey Trevino

2 ACCOUNT # (Ethics Commission Filers)

3 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

4 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

5 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