

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		
	NICKNAME LAST SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="checkbox"/> FIRST MI	Date Received	
	NICKNAME LAST SUFFIX	Date Hand-delivered or Postmarked	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE	Receipt # Amount	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION	Date Processed	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input 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 checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)	Date Imaged	
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year		
11 ELECTION	ELECTION DATE: Month Day Year ELECTION TYPE: <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)	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME <i>Plinio Joey Trevino</i>	15 ACCOUNT # (Ethics Commission Filers)
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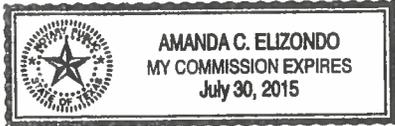
16 NOTICE FROM POLITICAL COMMITTEE(S)

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

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)	\$ <i>3,200.⁰⁰</i>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>4,039.⁴⁸</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>873.⁰⁹</i>
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 J. 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 *29th* day of *Oct.*, 20 *12*, to certify which, witness my hand and seal of office.

Amanda C. Elizondo *Amanda C. Elizondo* *City Secy.*
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

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: 1 of 4		2 FILER NAME Pl. Joe Trevino		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10-17-2012		5 Payee name RGU - Media group			
6 Amount (\$) 1370.00		7 Payee address; City; State; Zip Code 700 E Levee St. Suite 211 Brownsville 78520			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Advertisin		(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 10-24-2012		Payee name RGU media group			
Amount (\$) 670.00		Payee address; City; State; Zip Code 700 E Levee St. Suite 211 Brownsville 78520			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertisin		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 10-25-2012		Payee name RGU Media group			
Amount (\$) 376.00		Payee address; City; State; Zip Code 700 E Levee St. Suite 211 Brownsville, TX 78520			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertisin		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 10-18-2012		Payee name M-5 Design			
Amount (\$) 259.80		Payee address; City; State; Zip Code 424 W. Harrison Harlingen TX 78520			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertisin		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.

1 Total pages Schedule F 2 of 4	2 FILER NAME Pino Joey Trevino	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10-9-2012	5 Payee name Speedy Stop
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6 Amount (\$) 51.00	7 Payee address; City: State: Zip Code W Exp 83 & Stuart Place Harlingen Tx 78552
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Travel Expense GAS	(b) Description (If travel outside of Texas complete Schedule T)
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/12/2012	Payee name Sams Club Gasolin
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Amount (\$) 54.00	Payee address; City: State: Zip Code 3570 Alton Glouce Brownsville Tx 78520
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Travel exp GAS	Description (If travel outside of Texas complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/12/2012	Payee name Sams Club
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Amount (\$) 105.70	Payee address; City: State: Zip Code 3570 Alton Glouce Brownsville, Tx 78520
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) event expense	Description (If travel outside of Texas complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/16/2012	Payee name Speedy Stop GAS
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Amount (\$) 62.00	Payee address; City: State: Zip Code W Exp & Stuart Place Harlingen Tx 78552
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Travel exp - GAS	Description (If travel outside of Texas complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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 3-2 4	2 FILER NAME P: Jody Trevino	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10/12/2012	5 Payee name McCoy Building Supply		
6 Amount (\$) 5.14	7 Payee address City, State, Zip Code 3601 W EXP 83 Harlingen Tx 78552		

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) event expense	(b) Description (If travel outside of Texas complete Schedule T)
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/12/2012	Payee name Tilas Mexican Restaurant		
Amount (\$) 24.85	Payee address City, State, Zip Code 905 Dixieland Harlingen, Tx 78552		

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food expens - Campaign ^{WK}	Description (If travel outside of Texas complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/21/2012	Payee name Walmart		
Amount (\$) 29.18	Payee address City, State, Zip Code 1801 Lincoln Harlingen TX 78552		

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food & Bev Expens	Description (If travel outside of Texas complete Schedule T)
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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 Exxon Express		
Amount (\$) 48.00	Payee address City, State, Zip Code 3801 Military Mission, TX 78572		

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Travel Exp - Gasolun	Description (If travel outside of Texas complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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>4 of 4</i>	2 FILER NAME <i>Plinio Jose Trevino</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <i>10/18/2012</i>	5 Payee name <i>Office Depot</i>	
6 Amount (\$) <i>83.79</i>	7 Payee address: City: State: Zip Code <i>605 EXPWAY Harlingen, TX 79552</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>event expense</i>	(b) Description (If travel outside of Texas, complete Schedule T)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>10/18/2012</i>	Payee name <i>Jesse James, Campaign Labor</i>	
Amount (\$) <i>900.00</i>	Payee address: City: State: Zip Code <i>806 E Washington Harlingen, TX 79556</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)
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

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A. <i>1 of 3</i>	
2 FILER NAME <i>P: nio Joey Trevino</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>10-11-2012</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>TERRACON PAC C00457957</i>	7 Amount of contribution (\$) <i>500.⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address: City, State, Zip Code <i>18001 W. 106th St Olathe, KANSAS</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>10-15-12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Roberto Garcia</i>	Amount of contribution (\$) <i>300.⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code <i>PO Box 1825 San Benito, TX 78586</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>10-17-2012</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Ricardo Morales</i>	Amount of contribution (\$) <i>300.⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code <i>3101 Banyan Circle Harlingen, TX 78550</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>10/18/2012</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Toni M GARRN</i>	Amount of contribution (\$) <i>200.⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code <i>27344 Dilworth Rd Harlingen TX</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>10/16/2012</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>MARCY'S Phipps</i>	Amount of contribution (\$) <i>100.⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code <i>1620 S Paloma Ln Harlingen TX 78552</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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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 3	
2 FILER NAME Pinio Joy Trevino		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10-22-2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rudy Martinez	7 Amount of contribution (\$) 500.⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address, City, State, Zip Code 15941 Drury Lane Harlingen, TX 78552		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10-20-2012	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 Sunshine Strip #214 Harlingen, TX 78550		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10-26-2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Severo Palacios	Amount of contribution (\$) 200.⁰⁰	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code 4009 Fir Ave McAllen 78501		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10-24-2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Amanda Villarreal	Amount of contribution (\$) 100.⁰⁰	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code 1002 Ebony Drive Harlingen TX 78550		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/24/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Raciel + Cynthia Suarez	Amount of contribution (\$) 300.⁰⁰	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code 1002 S Alamo Rd Alamo TX 78516		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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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 3

2 FILER NAME

P.O. # Joey Trivino

3 ACCOUNT # (Ethics Commission Filers)

4 Date

10-25-2012

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

SAM LOZANO

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

6 Contributor address: City: State: Zip Code

2410 Riverside
Harlingen TX 78550

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10-22-2012

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

George Daw

Amount of contribution (\$)

200.00

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

26938 Bass Blvd
Harlingen, TX 78552

(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)

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)

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)

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