

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <div style="font-size: 2em; text-align: center;">21</div>	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI MR Jose A		OFFICE USE ONLY <div style="border: 1px solid black; padding: 5px; margin: 5px;"> Date Received </div> <div style="border: 1px solid black; padding: 5px; margin: 5px;"> Date Hand-delivered or Date Postmarked </div> <div style="border: 1px solid black; padding: 5px; margin: 5px;"> Receipt # Amount \$ </div> <div style="border: 1px solid black; padding: 5px; margin: 5px;"> Date Processed </div> <div style="border: 1px solid black; padding: 5px; margin: 5px;"> Date Imaged </div>	
	NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.2em;">Trevino</div>			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 2026 Adkins, TX 78101			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (210) 596-6354			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Julio		OFFICE USE ONLY <div style="border: 1px solid black; padding: 5px; margin: 5px;"> Date Hand-delivered or Date Postmarked </div> <div style="border: 1px solid black; padding: 5px; margin: 5px;"> Receipt # Amount \$ </div> <div style="border: 1px solid black; padding: 5px; margin: 5px;"> Date Processed </div> <div style="border: 1px solid black; padding: 5px; margin: 5px;"> Date Imaged </div>	
	NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.2em;">Gonzalez Jr.</div>			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1251 SW Military Drive San Antonio, Texas 78221			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (210) 927-0622			
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input checked="" type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded \$500 limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>			
10 PERIOD COVERED	<div style="display: flex; justify-content: space-between;"> <div> Month Day Year 07 / 01 / 2019 </div> <div>THROUGH</div> <div> Month Day Year 12 / 31 / 2019 </div> </div>			
11 ELECTION	<div style="display: flex;"> <div style="flex: 1;"> ELECTION DATE Month Day Year / / </div> <div style="flex: 2;"> ELECTION TYPE <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Primary <input type="checkbox"/> General </div> <div> <input type="checkbox"/> Runoff <input type="checkbox"/> Special </div> <div> <input type="checkbox"/> Other Description _____ </div> </div> </div> </div>			
12 OFFICE	OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) <div style="text-align: center; font-size: 1.2em;">Sheriff-Bexar County</div>			

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

Jose A Trevino

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

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

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

\$ NA

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 13,395.00

EXPENDITURE
TOTALS

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

\$ NA

4. TOTAL POLITICAL EXPENDITURES

\$ 7,287.09

CONTRIBUTION
BALANCE

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

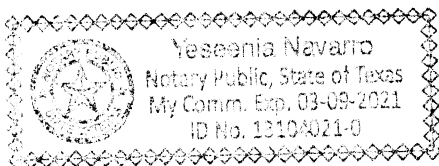
\$ 13,395.00

OUTSTANDING
LOAN TOTALS

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

\$ NA

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.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jose A Trevino Jr, this the 15th day of January, 20 20, to certify which, witness my hand and seal of office.

Yeseenia Navarro
Signature of officer administering oath

Yeseenia Navarro
Printed name of officer administering oath

Notary
Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME**

Jose A Trevino

20 Filer ID (Ethics Commission Filers)**21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 13,395.00
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ \$7,287.09
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

11

2 FILER NAME

Jose A Trevino

3 Filer ID (Ethics Commission Filers)

4 Date
07/11/2019

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Manuel Longoria

7 Amount of contribution (\$)
\$500.00

6 Contributor address;

City;

State;

Zip Code

Mill Ranch 2 #7

Rocksprings, TX 78880

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Retired

Date
07/15/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Darren Westfall

Amount of contribution (\$)
\$100.00

Contributor address;

City;

State;

Zip Code

P.O Box 2074

Pleasanton, TX

78064

Principal occupation / Job title (See Instructions)

Law Enforcement

Employer (See Instructions)

Date
07/17/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Raul Banasco

Amount of contribution (\$)
\$250.00

Contributor address;

City;

State;

Zip Code

P.O. Box 11222

Clayton, MO

63105

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date
07/21/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Reynaldo Lujan

Amount of contribution (\$)
\$300.00

Contributor address;

City;

State;

Zip Code

10716 barnsford Lane

Helotes, TX

78023

Principal occupation / Job title (See Instructions)

Law Enforcement

Employer (See Instructions)

San Antonio Park Police

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

11

2 FILER NAME

Jose A Trevino

3 Filer ID (Ethics Commission Filers)

4 Date
07/26/2019

5 Full name of contributor

Donna Barr

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$) \$100.00

6 Contributor address;

City;

State;

Zip Code

1806 Tierra Nueva

San Antonio, TX

78263

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Retired

Date
07/28/2019

Full name of contributor

Rachel Hidalgo

☐ out-of-state PAC (ID#:

Amount of contribution (\$) \$100.00

Contributor address;

City;

State;

Zip Code

11826 Ware Seguin Road

Schertz, TX

78154

Principal occupation / Job title (See Instructions)

Medical

Employer (See Instructions)

Christus Children's Hospital

Date
08/02/2019

Full name of contributor

Julio Gonzalez

☐ out-of-state PAC (ID#:

Amount of contribution (\$) \$250.00

Contributor address;

City;

State;

Zip Code

4729 Stanteen

San Antonio, TX 78263

Principal occupation / Job title (See Instructions)

Insurance Agent

Employer (See Instructions)

Farmer's Insurance

Date
08/19/2019

Full name of contributor

Karl Hempel

☐ out-of-state PAC (ID#:

Amount of contribution (\$) \$100.00

Contributor address;

City;

State;

Zip Code

12903 Blanche Coker

San Antonio, TX

78216

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

11

2 FILER NAME

Jose A Trevino

3 Filer ID (Ethics Commission Filers)**4** Date
08/19/2019**5** Full name of contributor☐ out-of-state PAC (ID#: _____)

David Santos

7 Amount of contribution (\$)

\$200.00

6 Contributor address;

City; State; Zip Code

16803 Parkstone Blvd. San Antonio, TX 78232

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Retired

Date
08/21/2019**Full name of contributor**☐ out-of-state PAC (ID#: _____)

Robert Adelman

Amount of contribution (\$)

\$500.00

Contributor address;**City; State; Zip Code**

120 East Wildwood Dr. San Antonio, TX 78212

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date
08/21/2019**Full name of contributor**☐ out-of-state PAC (ID#: _____)

Diana Adelman

Amount of contribution (\$)

\$500.00

Contributor address;**City; State; Zip Code**

120 East Wildwood Dr. San Antonio, TX 78212

Principal occupation / Job title (See Instructions)

Accountant

Employer (See Instructions)

Self-employed

Date
08/25/2019**Full name of contributor**☐ out-of-state PAC (ID#: _____)

Frank Bellino

Amount of contribution (\$)

\$50.00

Contributor address;**City; State; Zip Code**

10010 Raspberry Oak San Antonio, TX 78223

Principal occupation / Job title (See Instructions)

Law Enforcement

Employer (See Instructions)

East Clntral ISD

Type text here

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

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:**11****2** FILER NAME

Jose A Trevino

3 Filer ID (Ethics Commission Filers)**4** Date
08/29/2019**5** Full name of contributor

John Kuntz

☐ out-of-state PAC (ID#: _____)**7** Amount of contribution (\$)
\$250.00**6** Contributor address; City; State; Zip Code

130 E. Travis San Antonio, TX 78205

8 Principal occupation / Job title (See Instructions)

Attorney

9 Employer (See Instructions)

Self-employed

Date
09/05/2019

Full name of contributor

Ian Lovestock

☐ out-of-state PAC (ID#: _____)Amount of contribution (\$)
\$250.00

Contributor address; City; State; Zip Code

5903 Babcock Rd. Apt. 401 San Antonio, TX. 78240

Principal occupation / Job title (See Instructions)

Educator

Employer (See Instructions)

UIW/SHSU

Date
09/20/2019

Full name of contributor

Rose Castillo

☐ out-of-state PAC (ID#: _____)Amount of contribution (\$)
\$50.00

Contributor address; City; State; Zip Code

4931 Stoneleigh San Antonio, TX 78220

Principal occupation / Job title (See Instructions)

Administration

Employer (See Instructions)

San Antonio ISD

Date
09/23/2019

Full name of contributor

Joseph Dean McCracken

☐ out-of-state PAC (ID#: _____)Amount of contribution (\$)
\$1,000.00

Contributor address; City; State; Zip Code

11446 Whisper Green San Antonio, TX 78230

Principal occupation / Job title (See Instructions)

Physician

Employer (See Instructions)

Self-employed

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

11

2 FILER NAME

Jose A Trevino

3 Filer ID (Ethics Commission Filers)

4 Date
09/24/2019

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Rachel Hidalgo

7 Amount of contribution (\$)
\$25.00

6 Contributor address;

City;

State;

Zip Code

11826 Ware Seguin Road Schertz, TX 78154

8 Principal occupation / Job title (See Instructions)

Medical

9 Employer (See Instructions)

Christus Children's Hospital

Date
09/27/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Ana Flores

Amount of contribution (\$)
\$50.00

Contributor address;

City;

State;

Zip Code

307 W. Mistletoe #105 San Antonio, TX. 78212

Principal occupation / Job title (See Instructions)

Director of Communications

Employer (See Instructions)

Las Casas Foundation

Date
09/28/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Jim Rickhoff

Amount of contribution (\$)
\$100.00

Contributor address;

City;

State;

Zip Code

831 S. Flores #2406 San Antonio, TX 78204

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date
10/02/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Robert Otero

Amount of contribution (\$)
\$1,000.00

Contributor address;

City;

State;

Zip Code

3218 Thousan Oaks San Antonio, TX 78247

Principal occupation / Job title (See Instructions)

Self-employed

Employer (See Instructions)

Self-employed

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

11

2 FILER NAME

Jose A Trevino

3 Filer ID (Ethics Commission Filers)

4 Date
10/10/2019

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Brett Retherford

7 Amount of contribution (\$)
\$25.00

6 Contributor address;

City;

State;

Zip Code

13619 Larkbrook St. San Antonio TX 78233

8 Principal occupation / Job title (See Instructions)

Unemployed

9 Employer (See Instructions)

Unemployed

Date
10/14/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Jesus De La Cruz

Amount of contribution (\$)
\$100.00

Contributor address;

City;

State;

Zip Code

17435 Emerald Canyon Dr. San Antonio, TX. 78232

Principal occupation / Job title (See Instructions)

Law Enforcement

Employer (See Instructions)

Bexar County Sheriff's Office

Date
10/16/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

David Santos

Amount of contribution (\$)
\$220.00

Contributor address;

City;

State;

Zip Code

16803 Parkstone Blvd. San Antonio, TX 78232

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date
10/19/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Joe Gonzales Jr.

Amount of contribution (\$)
\$100.00

Contributor address;

City;

State;

Zip Code

737 Nogalitos San Antonio, TX 78204

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 11
2 FILER NAME Jose A Trevino		3 Filer ID (Ethics Commission Filers)
4 Date 10/24/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miguel Andrade 6 Contributor address; City; State; Zip Code 414 Big Oak Dr. San Antonio TX 78264	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Mechanic		9 Employer (See Instructions) Self-employed
Date 10/27/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rudy Castillo Contributor address; City; State; Zip Code 22303 Brave Eagle San Antonio, TX. 78251	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Law Enforcement		Employer (See Instructions) Bexar County Constable Pct. 4
Date 10/28/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anselmo Salas Contributor address; City; State; Zip Code 22771 Alanwood San Antonio, TX 78264	Amount of contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Truck Driver		Employer (See Instructions) Self-employed
Date 10/28/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jose Suarez Contributor address; City; State; Zip Code 2380 Royal Oaks Dr. Poteet, TX 78065	Amount of contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Mechanic		Employer (See Instructions) Self-employed
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

11

2 FILER NAME

Jose A Trevino

3 Filer ID (Ethics Commission Filers)**4** Date
10/28/2019**5** Full name of contributor☐ out-of-state PAC (ID#: _____)

Jorge Gurrola

7 Amount of contribution (\$)
\$100.00**6** Contributor address;

City; State; Zip Code

24501 U.S. Hwy 281 S. San Antonio TX 78264

8 Principal occupation / Job title (See Instructions)

Welder

9 Employer (See Instructions)

Self-employed

Date
10/28/2019**Full name of contributor**☐ out-of-state PAC (ID#: _____)

Edwin Fernandez

Amount of contribution (\$)
\$100.00**Contributor address;**

City; State; Zip Code

414 Big Oak Dr. San Antonio, TX. 78264

Principal occupation / Job title (See Instructions)

Salesman

Employer (See Instructions)

Southside Diesel Repair

Date
11/04/2019**Full name of contributor**☐ out-of-state PAC (ID#: _____)

Sandra D. Lopez

Amount of contribution (\$)
\$1,000.00**Contributor address;**

City; State; Zip Code

2072 SE Loop 410 San Antonio, TX 78220

Principal occupation / Job title (See Instructions)

Construction

Employer (See Instructions)

Self-employed

Date
11/04/2019**Full name of contributor**☐ out-of-state PAC (ID#: _____)

Mahmoud Diab Rafati

Amount of contribution (\$)
\$500.00**Contributor address;**

City; State; Zip Code

18038 Granite Hill San Antonio, TX 78255

Principal occupation / Job title (See Instructions)

Retail

Employer (See Instructions)

Self-employed

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

11

2 FILER NAME

Jose A Trevino

3 Filer ID (Ethics Commission Filers)**4** Date
11/04/2019**5** Full name of contributor☐ out-of-state PAC (ID#: _____)

Joe Gonzales Jr.

7 Amount of contribution (\$)
\$100.00**6** Contributor address;

City; State; Zip Code

737 Nogalitos San Antonio TX 78204

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Retired

Date
11/09/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Diana Ramos

Amount of contribution (\$)
\$100.00

Contributor address;

City; State; Zip Code

539 Prestwick San Antonio, TX. 78223

Principal occupation / Job title (See Instructions)

Insurance Agent

Employer (See Instructions)

Veritas

Date
11/14/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Richard G. Solis

Amount of contribution (\$)
\$400.00

Contributor address;

City; State; Zip Code

4702 Debbie San Antonio, TX 78222

Principal occupation / Job title (See Instructions)

Victim Advocate

Employer (See Instructions)

San Antonio Police Department

Date
11/16/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Minerva Cardenas

Amount of contribution (\$)
\$100.00

Contributor address;

City; State; Zip Code

238 Edge San Antonio, TX 78223

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

11

2 FILER NAME

Jose A Trevino

3 Filer ID (Ethics Commission Filers)**4** Date
11/21/2019**5** Full name of contributor☐ out-of-state PAC (ID#: _____)

Paul Cardenas

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

City; State; Zip Code

10411 Luzon Dr. Nogalitos San Antonio TX 78217

8 Principal occupation / Job title (See Instructions)

Firefighter

9 Employer (See Instructions)

San Antonio Fire Department

Date
11/23/2019**Full name of contributor**☐ out-of-state PAC (ID#: _____)

Sharon Benns

Amount of contribution (\$)

\$2,250.00

Contributor address;**City; State; Zip Code**

1911 Tierra Nueva San Antonio, TX. 78263

Principal occupation / Job title (See Instructions)

Administrative Assistant

Employer (See Instructions)

Randolph AFB

Date
11/25/2019**Full name of contributor**☐ out-of-state PAC (ID#: _____)

Joe Gonzales Jr.

Amount of contribution (\$)

\$100.00

Contributor address;**City; State; Zip Code**

737 Nogalitos San Antonio, TX 78204

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date
11/26/2019**Full name of contributor**☐ out-of-state PAC (ID#: _____)

Joseph Martinez

Amount of contribution (\$)

\$25.00

Contributor address;**City; State; Zip Code**

1803 Marshall Cross #1126 San Antonio, TX 78214

Principal occupation / Job title (See Instructions)

Driver/Guard

Employer (See Instructions)

Loomis

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

11

2 FILER NAME

Jose A Trevino

3 Filer ID (Ethics Commission Filers)**4** Date
12/21/2019**5** Full name of contributor☐ out-of-state PAC (ID#: _____)

Rolando Tafolla

7 Amount of contribution (\$)
\$750.00**6** Contributor address;

City; State; Zip Code

4226 Havenview San Antonio TX 78228

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Retired

Date
12/23/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Dennis Karasek

Amount of contribution (\$)
\$250.00

Contributor address;

City; State; Zip Code

3603 Paesanos Pkwy.3100 San Antonio,TX. 78231

Principal occupation / Job title (See Instructions)

Physician

Employer (See Instructions)

Self-employed

Date
12/28/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Cynthia Axum

Amount of contribution (\$)
\$250.00

Contributor address;

City; State; Zip Code

15801 Doe Ln. San Antonio, TX 78255

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Jose A Trevino		3 Filer ID (Ethics Commission Filers)	
4 Date 07/21/2019		5 Payee name Wix.com			
6 Amount (\$) \$288.00		7 Payee address; City; State; Zip Code P.O Box 40190 San Francisco, CA 40190			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 08/27/2019		Payee name Lone Star Media			
Amount (\$) \$300.00		Payee address; City; State; Zip Code 1010 N. Frio St. San Antonio, TX 78207			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 08/17/2019		Payee name LE Promotional Products			
Amount (\$) \$405.00		Payee address; City; State; Zip Code 8023 Portsmouth, Spring Branch, TX 78070			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Jose A Trevino		3 Filer ID (Ethics Commission Filers)	
4 Date 08/29/2019		5 Payee name Lone Star Media			
6 Amount (\$) \$295.38		7 Payee address; City; State; Zip Code 1010 N. Frio St. San Antonio, TX 78207			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/10/2019		Payee name Election Support Services			
Amount (\$) \$136.00		Payee address; City; State; Zip Code P.O. Box 701083 San Antonio, TX 78270			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Supplies		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/16/2019		Payee name Avenida Guadalupe			
Amount (\$) \$460.00		Payee address; City; State; Zip Code 1313 Guadalupe, San Antonio, TX. 78207			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Rent		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
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 MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Jose A Trevino	3 Filer ID (Ethics Commission Filers)
4 Date 11/09/19	5 Payee name Bexar County Democratic Party	
6 Amount (\$) \$1,250.00	7 Payee address; City; State; Zip Code 1844 Fredericksburg Rd., San Antonio, TX 78201	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Ballot Fee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name	
Amount (\$)	Office sought	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name	
Amount (\$)	Office sought	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name	
Amount (\$)	Office sought	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Jose A Trevino	3 Filer ID (Ethics Commission Filers)
4 Date 10/21/2019	5 Payee name A-1 Sports Center, Inc.	
6 Amount (\$) \$30.00	7 Payee address; City; State; Zip Code 1027 Bandera Rd. San Antonio, TX 78228	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Date 11/15/2019	Payee name Wix.com	
Amount (\$) \$30.00	Payee address; City; State; Zip Code P.O. Box 40190, San Francisco, CA 40190	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Website	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH	
Date 11/18/2019	Payee name Thompson Printing and Mailing Solutons	
Amount (\$) \$2,137.94	Payee address; City; State; Zip Code 5818 Rocky Point, San Antonio, TX 78249	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Jose A Trevino	3 Filer ID (Ethics Commission Filers)
----------------------------	---------------------------------------	---------------------------------------

4 Date 12/03/2019	5 Payee name Thompson Printing and Mailing Solutons
-----------------------------	---

6 Amount (\$) \$46.01	7 Payee address; City; State; Zip Code 5818 Rocky Point, San Antonio, TX 78249
---------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
--	--	---

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

Date 12/14/2019	Payee name Tractor Supply Company
Amount (\$) \$17.56	Payee address; City; State; Zip Code 5705 Mount Olive Rd. Adkins, TX 78101

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

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

Date 12/21/2019	Payee name Walmart
Amount (\$) \$16.14	Payee address; City; State; Zip Code 2100 SE Loop 410 San Antonio, TX 78220

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Supplies	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------------	--	---

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Jose A Trevino		3 Filer ID (Ethics Commission Filers)	
4 Date 12/30/2019		5 Payee name Thompson Printing and Mailing Solutons			
6 Amount (\$) \$596.73		7 Payee address; City; State; Zip Code 5818 Rocky Point, San Antonio, TX 78249			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12/31/2019		Payee name Thompson Printing and Mailing Solutons			
Amount (\$) \$ 595.38		Payee address; City; State; Zip Code 5818 Rocky Point, San Antonio, TX 78249			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12/31/2019		Payee name St. Jerome's Men's Club			
Amount (\$) \$600.00		Payee address; City; State; Zip Code 7955 Real Rd. San Antonio, TX 78263			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Jose A Trevino	3 Filer ID (Ethics Commission Filers)
4 Date 12/31/2019	5 Payee name ActBlue Technical Services	
6 Amount (\$) \$82.95	7 Payee address; City; State; Zip Code 366 Summer Street Sommerville, Massachusetts 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<div style="display: flex; justify-content: space-between;"> <div>9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</div> <div>Candidate / Officeholder name</div> <div>Office sought</div> <div>Office held</div> </div>	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<div style="display: flex; justify-content: space-between;"> <div>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</div> <div>Candidate / Officeholder name</div> <div>Office sought</div> <div>Office held</div> </div>	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<div style="display: flex; justify-content: space-between;"> <div>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</div> <div>Candidate / Officeholder name</div> <div>Office sought</div> <div>Office held</div> </div>	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<div style="display: flex; justify-content: space-between;"> <div>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</div> <div>Candidate / Officeholder name</div> <div>Office sought</div> <div>Office held</div> </div>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED