

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:

13

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI
MR. VICTOR D.
NICKNAME LAST SUFFIX
TREVINO

OFFICE USE ONLY

Date Received

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
101 W. VILLAGE BLVD., STE A, LAREDO, TX 78041

REC'D CITY SEC OFF
OCT 31 '22 PM3:38

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(956) 489-4027

Date Hand-delivered or Date Postmarked

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
MRS. ROSA M.
NICKNAME LAST SUFFIX
TREVINO

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
101 WEST VILLAGE BLVD., STE A, LAREDO, TX 78041

(Residence or Business)

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(956) 489-4027

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)
 July 15 8th day before election Exceeded Modified Reporting Limit Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year Month Day Year
9 / 30 / 22 THROUGH 10 / 29 / 22

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff Other Description
11 / 8 / 22 General Special _____

12 OFFICE

OFFICE HELD (if any)

N/A

13 OFFICE SOUGHT (if known)

MAYOR CITY OF LAREDO

14 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.

Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
	GENERAL	N/A
	SPECIFIC	COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME
VICTOR D. TREVINO

16 Filer ID (Ethics Commission Filers)

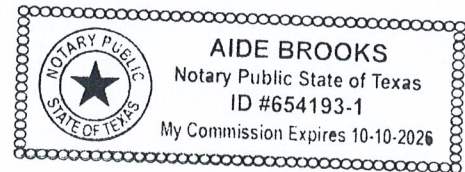
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 1,502.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 23,902.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 31,689.84
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 7,477.09
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 15,663.01

18 SIGNATURE 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

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Victor D Trevino this the 31st day of October, 2022, to certify which, witness my hand and seal of office.

Aide Brooks Signature of officer administering oath
Aide Brooks Printed name of officer administering oath
Notary Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Dr. Victor D. Trevino, and my date of birth is _____
 My address is 328 Windsor Road, Laredo, TX, 78041, U.S.A.
(street) (city) (state) (zip code) (country)
 Executed in Webb County, State of Texas, on the 31 day of October, 2022.
(month) (year)


Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

VICTOR D. TREVINO

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 22,400.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	■ SCHEDULE E: LOANS	\$ 100,000.00
5.	■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 31,689.84
6.	■ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 10,162.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3
2 FILER NAME VICTOR D. TREVINO		3 Filer ID (Ethics Commission Filers)
4 Date 10/27/2022	5 Full name of contributor out-of-state PAC (ID#: _____) LUIS HINOJOSA 6 Contributor address; City; State; Zip Code 707 SAINT JAMES DR. #112, LAREDO, TX 78041	7 Amount of contribution (\$) 5,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/27/2022	Full name of contributor out-of-state PAC (ID#: _____) RUBEN NEVAREZ Contributor address; City; State; Zip Code 416 MERLIN ROAD, LAREDO, TX 78041	Amount of contribution (\$) 5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/28/2022	Full name of contributor out-of-state PAC (ID#: _____) EDUARDO J. GARZA Contributor address; City; State; Zip Code 506 MERLIN ROAD, LAREDO, TEX 78041	Amount of contribution (\$) 1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/28/2022	Full name of contributor out-of-state PAC (ID#: _____) JUAN E. GARZA Contributor address; City; State; Zip Code 506 MERLIN ROAD, LAREDO, TEXAS 78041	Amount of contribution (\$) 1,500.00
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.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3
2 FILER NAME VICTOR D. TREVINO		3 Filer ID (Ethics Commission Filers)
4 Date 10/28/2022	5 Full name of contributor out-of-state PAC (ID#: _____) GRISELL M. GARZA 6 Contributor address; City; State; Zip Code 506 MERLIN ROAD, LAREDO, TEX 78041	7 Amount of contribution (\$) 1,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/28/2022	Full name of contributor out-of-state PAC (ID#: _____) DAVID E. GARZA Contributor address; City; State; Zip Code 506 MERLIN ROAD, LAREDO, TEX 78041	Amount of contribution (\$) 1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/18/2022	Full name of contributor out-of-state PAC (ID#: _____) ALFONSO JAVIER CHAPA Contributor address; City; State; Zip Code 114 SUNSET DR., LAREDO, TX 78041	Amount of contribution (\$) 600.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/18/2022	Full name of contributor out-of-state PAC (ID#: _____) CLARISSA CHAPA Contributor address; City; State; Zip Code 2302 GARFIELD, LAREDO, TX 78043	Amount of contribution (\$) 400.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3
2 FILER NAME VICTOR D. TREVINO		3 Filer ID (Ethics Commission Filers)
4 Date 10/03/2022	5 Full name of contributor out-of-state PAC (ID#: _____) ALEX GARCIA 6 Contributor address; City; State; Zip Code 2413 Piedra China, Laredo, Texas 78041	7 Amount of contribution (\$) 1,900.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/03/2022	Full name of contributor out-of-state PAC (ID#: _____) MANUEL FLORES Contributor address; City; State; Zip Code 2612 BURKE DRIVE, LAREDO, TX 78045	Amount of contribution (\$) 2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/25/2022	Full name of contributor out-of-state PAC (ID#: _____) OSEAS GOMEZ Contributor address; City; State; Zip Code 213 W. VILLAGE LAREDO, TX 78041	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/22/2022	Full name of contributor out-of-state PAC (ID#: _____) EMMANUEL PEREZ Contributor address; City; State; Zip Code 7109 N. BARTLETT, LAREDO, TX 78041	Amount of contribution (\$) 500.00
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.		

LOANS

SCHEDULE E

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 1
2 FILER NAME Victor D. Trevino		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 50,000.00
5 Date of loan 07/29/2022	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Dr. Victor D. Trevino	9 Loan Amount (\$) 50,000.00
6 Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code 101 W. Village Blvd, Laredo, TX 78041	10 Interest rate 6.00
		11 Maturity date 01/01/2023
12 Principal occupation / Job title (See Instructions) Physician		13 Employer (See Instructions) Tesoro Medical Care, P.A.
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION not applicable	17 Name of guarantor Dr. Victor D. Trevino Campaign For Mayor 18 Guarantor address; City; State; Zip Code 101 W. Village Blvd, STE A, TX 78041	19 Amount Guaranteed (\$) 50,000.00
20 Principal Occupation (See Instructions) n/a		21 Employer (See Instructions) n/a
Date of loan 07/29/2022	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Mrs. Rosa M. Trevino	Loan Amount (\$) 50,000.00
Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Lender address; City; State; Zip Code 101 W. Village Blvd, Laredo, TX 78041	Interest rate 6.00
		Maturity date 01/01/2023
Principal occupation / Job title (See Instructions) n/a		Employer (See Instructions) n/a
Description of Collateral none		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION not applicable	Name of guarantor Dr. Victor D. Trevino Campaign For Mayor Guarantor address; City; State; Zip Code 101 W. Village Blvd, STE A, TX 78041	Amount Guaranteed (\$) 50,000.00
Principal Occupation (See Instructions) n/a		Employer (See Instructions) n/a

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>5</i>	2 FILER NAME <i>Victor D. Treviño</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>9/29/22</i>	5 Payee name <i>Quarter Mile Graphics</i>	
6 Amount (\$) <i>864.92</i>	7 Payee address; City; State; Zip Code <i>6420 Pelaris Dr. #4, Laredo, TX 78041</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	(b) Description <i>Political signs</i>
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>10/3/22</i>	Payee name <i>Falcon Outdoor Advertising</i>	
Amount (\$) <i>750.00</i>	Payee address; City; State; Zip Code <i>7718 McPherson, Laredo, TX 78041</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense Digital Billboard</i>	Description <i>Political Advertising</i>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>10/5/22</i>	Payee name <i>Mundo Publicitario</i>	
Amount (\$) <i>500.00</i>	Payee address; City; State; Zip Code <i>Calle Peru 2505, Guverrero, #B 240, Nuevo Laredo, TAMP. MX</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>Political Advertising Radio</i>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
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

If the requested information is not applicable, DO NOT include this page in the report.

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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5	2 FILER NAME Victor Di Treviño	3 Filer ID (Ethics Commission Filers)
4 Date 10/6/22	5 Payee name Laredo Morning Times	
6 Amount (\$) 300.00	7 Payee address; City; State; Zip Code 111 Esperanza Dr., Laredo, TX 78041	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Political Ad
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/10/22	Payee name Border Tejano Democrats	
Amount (\$) 300.00	Payee address; City; State; Zip Code 7511 Mepherston #1A Laredo TX 78041	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Event Sponsorship/Ad.
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/12/22	Payee name Katya Pena	
Amount (\$) 600.00	Payee address; City; State; Zip Code 10502 Winrock Laredo TX 78041	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Videospots
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
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

If the requested information is not applicable, DO NOT include this page in the report.

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: 5	2 FILER NAME Victor D. Trevino	3 Filer ID (Ethics Commission Filers)
4 Date 10/14/22	5 Payee name Laredo Morning Times	
6 Amount (\$) 500.00	7 Payee address; City; State; Zip Code 111 Esperanza Drive, Laredo, TX 78041	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Political Ad.
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>
Date 10/17/22	Payee name Luxsandra Guerra	
Amount (\$) 1,000.00	Payee address; City; State; Zip Code 101 W. Village Blvd, Ste B, Laredo, TX 78041	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description Payments to Contract Labor
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>
Date 10/14/22	Payee name Mundo Publicitario	
Amount (\$) 500.00	Payee address; City; State; Zip Code Dalle Perd 2505, Guerrero, 88240, Nuevo Laredo, Tamaulipas, TX	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Political Ad. and Interview
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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: 5	2 FILER NAME Victor D. Treviño	3 Filer ID (Ethics Commission Filers)
---------------------------------	-----------------------------------	---------------------------------------

4 Date 10-24-22	5 Payee name Luxsandra Guerra
--------------------	----------------------------------

6 Amount (\$) 1,000	7 Payee address; City; State; Zip Code 101 W. Village Blvd, ste B, Laredo TX 78041
------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense Food Beverage Expense	(b) Description Rally & poll station expense
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

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

Date 10/18/22	Payee name Webb County Election Office
------------------	---

Amount (\$) 180.00	Payee address; City; State; Zip Code 1110 Washington St., Laredo, TX 78040
-----------------------	---

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

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

Date 10/21/22	Payee name STAR Channel
------------------	----------------------------

Amount (\$) 5,000	Payee address; City; State; Zip Code 120 W. Delmar Blvd. Laredo TX 78041
----------------------	---

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

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

If the requested information is not applicable, DO NOT include this page in the report.

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: 5	2 FILER NAME Victor D. Treviño	3 Filer ID (Ethics Commission Filers)
--	--	---------------------------------------

4 Date 10/25/22	5 Payee name Mundo Publicitario
---------------------------	---

6 Amount (\$) 500.00	7 Payee address; Calle Perd 2505, Guerrero, 8870 Nuevo Laredo, TAMP, MX	City;	State;	Zip Code
--------------------------------	---	-------	--------	----------

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

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

Date 10/21/22	Payee name Laredo Morning Times
-------------------------	---

Amount (\$) 2,350	Payee address; 111 Esperanza St., Laredo, TX 78041	City;	State;	Zip Code
-----------------------------	--	-------	--------	----------

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

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

Date 10/28/22	Payee name Latin Western Enterprises
-------------------------	--

Amount (\$) 1,500.00	Payee address; 1404 Jowman Rd, Laredo, TX 78041	City;	State;	Zip Code
--------------------------------	---	-------	--------	----------

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

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

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 10(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) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: 1	2 FILER NAME Victor D. Trevino	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$ 7,662.00
5 Date 07/18/2022	6 Payee name Impacto Publicitario	
7 Amount (\$) 7,662.00	8 Payee address; City; State; Zip Code Donato Guerra #908, Nuevo Laredo, Tamps, Mexico	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Political Signs
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/24/22	Payee name Radio Formula	
Amount (\$) 2,500	Payee address; City; State; Zip Code Venustiano Carranza 3151 Nuevo Laredo, Tamps, MX 88209	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Radio Ads.
	(c) <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