CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 2 Total pages filed: 1 Filer ID (Ethics Commission Filers) The C/OH Instruction Guide explains how to complete this form. 14 3 CANDIDATE / MS / MRS / MR FIRST OFFICE USE ONLY **OFFICEHOLDER VICTOR** MR. D. NAME Date Received NICKNAME SUFFIX **TREVINO** 4 CANDIDATE / ADDRESS / PO BOX: APT / SUITE #; CITY: STATE; ZIP CODE OFFICEHOLDER 101 W. VILLAGE BLVD., STE. A, LAREDO, TX 78041 MAILING DEC 9 72 PK3:54 **ADDRESS** Change of Address AREA CODE PHONE NUMBER EXTENSION 5 CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (956)489-4027 PHONE Receipt # Amount \$ MS / MRS / MR FIRST 6 CAMPAIGN MI **TREASURER** ROSA MRS. M. Date Processed NAME NICKNAME LAST SUFFIX Date Imaged **TREVINO** STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY: STATE: CAMPAIGN ZIP CODE **TREASURER** 101 WEST VILLAGE BLVD., STE. A, LAREDO, TEXAS 78041 **ADDRESS** (Residence or Business) AREA CODE 8 CAMPAIGN PHONE NUMBER EXTENSION **TREASURER** PHONE (956 489-4027 9 REPORT TYPE 15th day after campaign 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) Exceeded Modified July 15 Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD Month Day Year Dav Year COVERED 12 10 / 31 / 22 / 7 THROUGH ELECTION DATE ELECTION TYPE 11 ELECTION Runoff Other Day Year Description General Special 12 / 17 / 22 OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE N/A MAYOR CITY OF LAREDO 14 NOTICE FROM 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. POLITICAL COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME N/A COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	ictor D. Trevino	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 955.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5455.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 38,646.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	\$ 40,576,92
	wear, or affirm, under penalty of perjury, that the accompanying report is tru-	e and correct and includes all information
re	quired to be reported by me under Title 15, Election Code.	
	*	
	Signature of Ca	indigate or Officeholder
	1 1 - E	
	Please complete either option belov	/ :
(1) Affidavit		
NOTARY STAMP/SEA	L	18
Sworn to and subscribed	before me by this the	day of
20, to certify	which, witness my hand and seal of office.	, , , , , , , , , , , , , , , , , , ,
X H		
Signature of officer as friging	Printed name of officer administering oath	Title of officer administering oath
(2) Unavers Declarate	OR	gkarin mineszi estő lakozátásállásállásállásállás.
(2) Unsworn Declaration		
My name is // 40r // / BUINO, and my date of birth is 02-28-1948 My address is 10/ W-VI//ge B/W . Larch . TX . 18041. USA		
My address is	W. VI//ge Blut , Lared?	TX. 78041. USA
Executed in	(street) (city) County, State of Texos, on the 9th day of the temporal forms.	state) (zip code) (country)
	*	
	Signature of Cano	date of figeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	19 FILER NAME 20 Filer ID (Ethics Commission File)		
	Victor D. Trevino		
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1.	SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5,955.00	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	SCHEDULE E: LOANS	\$ 24,913.91	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTI	ons \$ 3B, 646,00	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 20, 162.00	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIB	UTIONS \$	
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 BUSINES	SS OF C/OH \$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUT	TIONS \$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNS TO FILER	TURNED \$	
	· · · · · · · · · · · · · · · · · · ·		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Cuide configure how to complete this form				
The Instruction Guide explains how to complete this form.				
2 FILER NAME VICTOR D. TICVINO 3 Filer ID (Ethics Commission Filers)				
4 Date 5 Full name of contributor				
12/7/22 Robert T. Dickson 6 Contributor address; City: State; Zip Code 6101 Holiday Hill Rd, Midland, TX 79707 2, 525.00				
6101 Molica Hill Ma, Midlero, 1x 17101				
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)				
Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)				
12/1/22 Roger Dickson Contributor address: City: State: Zip Code 6/01 Holiday Hill Nd, Midland, TX 79707				
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)				
Scott Dickson Contributor address; City; State; Zip Code 6101 Holiday Hill Rd., Milland, TX 79707				
[6101 Molicary 11111 120. , Milliana, 1x 74/0)]				
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Date Full name of contributorout-of-state PAC (ID#:) Amount of contribution (\$)				
Contributor address; City; State; Zip Code				
Principal occupation / Job title (See Instructions) Employer (See Instructions)				

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 re	port.
The	Instruction Guide explains how to comple	te this form.	1 Total pages Schedule E:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Victor D. Tr	evino		
4 TOTAL OF UN	ITEMIZED LOANS		\$ 50,000.00
5 Date of loan	7 Name oftender	AC (10#:)	9 Loan Amount (\$)
07/29/2022	Dr. Victor D. Trevino		50,000.00
6 Is lender a financial Institution?	8 Lender address; City; 101 W. Village Blvd, Laredo, T)	State; Zip Code	10 Interest rate 6.00
NEY	101 VV. Village Bivd, Latedo, 17	(1804)	11 Maturity date 01/01/2023
	on / Job title (See instructions)	13 Employer (See Instructions)	D.4
Physician		Tesoro Medical Ca	are, P.A.
14 Description of Coll	14 Description of Coliateral Check if personal funds were deposited into political account (See Instructions)		
16 GUARANTOR INFORMATION	17 Nameof guarantor Dr. Victor D. Trevino Campaign For Mayor 18 Guarantor address; City; State; Zip Code 101 W. Village Blvd, STE A, TX 78041		
20 Principal Occupat		21 Employer (See Instructions)	
n/a		n/a	
Date of loan 07/29/2022	Mrs. Rosa M. Trevino	PAC (ID#)	50,000.00
ls lender a financial	Lender address; City; State; Zip Code		Interest rate 6.00
Institution? 101 W. Village Blvd, Laredo, TX 78041 Maturity date 01/01/2023			
Principal occupation / Job title (See Instructions) Employer (See Instructions) In/a			
Description of Collateral Check If personal funds were account (See instructions)		nds were deposited into political	
GUARANTOR INFORMATION	GUARANTOR Name of guaranter Amount Guaranteed (\$)		
not applicable			
	tion (See Instructions)	Employer (See instructions)	
n/a		liva	
If	ATTACH ADDITIONAL CO	PIES OFTHIS SCHEDULEAS NI estruction guide for additional	

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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)

Credit Cald Payment	The Instruction Guide explains how to complete this form.
7	2 FILER NAME Lifer D. Treun 7 3 Filer ID (Ethics Commission Filers)
4 Date 10-31-22	5 Payee name Luxsandra Guerra 7 Payee address: Zin Code
6 Amount (\$)	Prayee address, City, State, Zip Code
6,000	101 W. Village Lorels TX 78041
8	(a) Category (See Categories listed at the top of this schedule) (b) Description
PURPOSE OF EXPENDITURE	Solaries/Woges Poyment for Compaign Contract Labor Contract labor
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Office holder name Office sought Office held Office holder
Date	Payee name
10-31-22	Laredo Morning Times
Amount (\$)	Payee address; City; State; Zip Code
3 50,00	1718 Son Bornardo Laredo TX 78040
	Category (See Categories listed at the top of this schedule) Description
PURPOSE OF EXPENDITURE	Advoctising Expense Newspaper Ad
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Office holder name Office sought Office held Mayor
Date	Payee name
11/1/22	Mondo Publicatoris
Amount (\$)	Payee address; City; State; Zip Code
Ca,002	Calle Pero 2505, Owerrers, 88240, Nieuo Caredo, TAMB, FIX
	Category (See Categories listed at the top of this schedule) Description
PURPOSE OF EXPENDITURE	Advertising Expense Political Ada
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name Office sought Office held
expenditure to benefit C/Oh	VILLE D. Trevins Mayor
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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
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)

Credit Card Payment	The Instruction Guide explains how to co	emplete this form.
1 Total pages Schedule F1:	2 FILER NAME VICTOR D. TICUI.	3 Filer ID (Ethics Commission Filers)
4 Date 10-7-22	5 Payee name Lux Sombra Vuero	
6 Arhount (\$)	7 Payee address;	City; State; Zip Code
150,00	101 W. Village BIVJ.	locals TX 78041
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF	fool Bever-ge	food for Consign
EXPENDITURE	Expense	Stott
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	7
11-9-22	Entravyion	
Amount (\$)	Payee address;	City; State; Zip Code
5,333 ,75	Maria Luisa Dr.	Lord 7x 73045
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Advertising Expense	Polher Ads
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name V, Ltor D, T/CV, D	Office sought Office held
Date	Payee name	1
11/11/22	Texas Paracle A	Fsca,
Amount (\$)	Payee address;	City; State; Zip Code
2,000	500 Logon Ave.	Lorels TX 78040
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Advertising Expense	Ist by met of Plant Entry
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name N, 40~ N, Trevid	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

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 Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office O Food/Beverage Expense Polling I Gift/Awards/Memorials Expense Printing	epayment/Reimbursement iverhead/Rental Expense Expense Expense ://Wages/Contract Labor o complete this form.	Solicitation/Fundraising Transportation Equipme Travel In District Travel Out Of District Other (enter a category	ent & Related Expense
1 Total pages Schedule F1:	2 FILER NAME V, COV P. TOOVIN		3 Filer ID (Ethics C	Commission Filers)
4 Date (1/21/22	5 Payee name Roding Je	z Mcfia		
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
400.00	101 W. Village Blux	Lorels	TX	7304/
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertisin'n	Interv	ew/AD	S
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living e	xpense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	С	office held
Date 11/21/72	Enflavision			
Amount (\$)	Payee address;	City;	State;	Zip Code
10,272.25	Movin Wisa PA	Loselo	TX	78043
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Adverting	Pol. ho	- Ads	r
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living e	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name VI Dr Di Trevir	Office sought May	19/	office held
Date	Payee name	_ ,		
11-23-22	Loredo Mornio Payee address; 1710 Son Bernordo	g Time	<u>'</u>	
Amount (\$)	Payee address;	City;	State;	Zip Code
650.00	17/10 3 an Games	Lorela	/	78040
	Category (See Categories listed at the top of this schedule)	Description	1 0 0	
PURPOSE OF EXPENDITURE	Advertising	101.h	ol Al	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living e	expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name V, Ctor D. Trevio	Office sought		Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEÉDED

SCHEDULE F1

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

	EXPENDITURE CATE	GORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ins how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Victor D. TIC	MU	
4 Date //-23-22	5 Payee name Larch Mor	nito Tines	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
800.00	1718 Son Belnor	do lared	74 78040
8	(a) Category (See Categories listed at the top of thi		
PURPOSE OF EXPENDITURE	Advertising	Pol.h	wil Ads
	(c) Check if travel outside of Texas. Complete	ScheduleT. Check if Austi	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	CV. D Office sought	Office held
Date	Payee name		
11-23-22	Lorelo Mornin	9 Times	
Amount (\$)	Payee address;	City;	State; Zip Code
1,500.00	1718 Son Bemor	Jo Loudo	TX 78040
	Category (See Categories listed at the top of this		,
PURPOSE OF EXPENDITURE	Advertising	Polhe	al Ads,
	Check if travel outside of Texas. Complete	Schedule T. Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name H V/ Usr N, T/C	Office sought May	Office held
Date	Payee name		
11/28/22	STAR Chr.	110/	
Amount (\$)	Payee address;	City;	State; Zip Code
3500	120 w. Delmar	Lovels	TX 78041
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this AUSCHISCH		nol Ads
	Check if travel outside of Texas. Complete	Schedule T. Check if Aust	tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 Accounting/Banking **Event Expense** Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By GifVAwards/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 3 Filer ID (Ethics Commission Filers) Zip Code 101. W. UI lace Blw. 7.00.00 (b) Description 8 Event Expense Pees **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Visel TRUIN lux sondra 11-30-22 101 V. V. lloge Blud Loredo TX 1,000.00 PURPOSE laries Wages Contain OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office held Complete ONLY if direct expenditure to benefit C/OH Zip Code 780011 Category (See Categories listed at the top of this schedule) Colitical Ads A dresting Export **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Candidate / Officeholder name Office held Complete ONLY if direct expenditure to benefit C/OH Victor P. Trevino

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 1 Filer ID (Ethics Commission Filers)
4 Date 12-/-22	5 Payee name Webb Counk techon
6 Amount (\$) /y0.00	7 Payee address; City; State; Zip Code 110 Woshington St. Lovelle, TX 78040
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER (b) Description Voter Mep and Information (c) Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Office sought Office held Moyer
Date /7-2-22	Payee name Luxsandra Overla
Amount (\$) 1,000,00	Payee address; City; State; Zip Code 101 w. V.//oge Blud. Lorels TX 7804/
PURPOSE OF EXPENDITURE	Salaries Woges Contract Contract Contract
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Mayor
Date /2-7-22	LUX Son Usa brello
Amount (\$) /, 000. 27	Payee address; City; State; Zip Code 10/ W. VIllege Bld Lordo TX 7804/
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Description Lower Labor Labor
Complete ONLY if direct expenditure to benefit C/OI	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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)

Credit Card Payment	The Instruction Guide explains how to c	complete this form.	C 1 (2 2 2 2 2 2 2 2	g,,,,
1 Total pages Schedule F1:	2 FILER NAME VICTOR D. TOCK	8	3 Filer ID (Ethi	cs Commission Filers)
4 Date /2/7/22	5 Payee name Texos Porole AS.			r
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
550.00	500 Logon AR	Lovels	<i>T</i> ×	78040
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	0.	,
PURPOSE OF EXPENDITURE	Advertising Expense	and Abyor	of floor	Entry
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder livi	ng expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
12-6-22	Lux sontra bues.	O		
Amount (\$)	Payee address;	City;	State;	Zip Code
1,500.00	10/w. Village Bluf	Breb	TX	780cm
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Event Expense	Polly	Expers	2
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder liv	ing expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H Candidate / Officeholder name Trevio	Office sought		Office held
Date	Payee name			
12/7/22	Eduardo Garza			
Amount (\$)	Payee address;	City;	State;	Zip Code
300,00	506 Merlin	Lorelo	TX	78041
	Category (See Categories listed at the top of this schedule)	Description	.)]	
PURPOSE OF EXPENDITURE	Transportation thelated	Van Ro	ento I	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder liv	ing expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NE	EDED	

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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

EXPENDITURE CATEGORIES FOR BOX 1	u(a)
Event Expense Foods FoodBeverage Expense Git/Awards/Automatal Expense Committee Legal Services Event Expense Citiz Overhead/Restal is Polling Expense Printing Expense Committee Committee Event Expense Committee Committee Event Expense Committee Committe	Tensportation Equipment & Related Expense Travel In District Travel Out Of District
The instruction Guido explains how to complete this	s form.
2 FILER NAME Victor D. Trevino	3 Filer ID (Ethics Commission Filers)
IZED UNPAID INCURRED OBLIGATIONS	\$ 7,662.00
6 Payee name Impacto Publicitario	
8 Payee address;	City; State; Zip Code
Donato Guerra #908, Nuevo Laredo, Tamps	, Mexico
Political Non-Political	
(a) Catagory (See Catagories listed at the top of this schedula) (b) Desc	riplion
Printing Expense Politic	al Signs
(C) Check if traveloutside of Taxas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Candidate / Officeholder name Office sough	office held
Payas name Ladis Formula	
Payee address;	City; State; Zip Code
Venustiano Carranza 3151	Neuo Loredo, Tomps. MX 88209
Political Non-Political	
Category (See Calegories listed at the top of this schedule)	scription
Advertising Expense Re	rdio Ads.
Chack it travel outside of Tuxas, Complete Schedule T.	Check if Austin, TX, officeholder living expense
Candidate / Officeholder name Office sou	ght Office held
	layor
	A POPULATION AND A POPU
	Event Expenses Form Form Form Form Form Form Form Form Form

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 Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By 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. 2 FILER NAME 1 Total pages Schedule F2: 3 Filer ID (Ethics Commission Filers) Victor D. Trevino 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 10,000 5 Date 6 Payee name EL Manana 8 Payee address; 6010 Mephelson Roal Zip Code lorelo TYPE OF Political Non-Political EXPENDITURE (b) Description 10 (a) Category (See Categories listed at the top of this schedule) Political Ads **PURPOSE** Justasing Experce OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Victor DiTrevis Mayor Payee name Date Amount (\$) Payee address; City; State; Zip Code TYPE OF Political Non-Political **EXPENDITURE** Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office sought Complete ONLY if direct Candidate / Officeholder name Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED