

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:

6

OFFICE USE ONLY

Date Received

REC'D CITY SEC OFF
JUL 21 '23 AM 11:02

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

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

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

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

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(956) 489-4027

6 CAMPAIGN TREASURER NAME

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

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
101 WEST VILLAGE BLVD., STE A, LAREDO, TEXAS 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
1 / 1 / 23 THROUGH 6 / 30 / 23

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff Other Description
12 / 17 / 22 General Special

12 OFFICE

OFFICE HELD (if any)

MAYOR

13 OFFICE SOUGHT (if known)

N/A

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.

COMMITTEE TYPE

COMMITTEE NAME

N/A

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

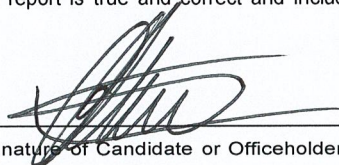
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME		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)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,400.30
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 7,264.04
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 50,576.92

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

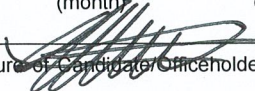
Sworn to and subscribed before me by _____ this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is VICTOR D. TREVIÑO, and my date of birth is 2-26-49.
 My address is 328 Windsor Road, Laredo, TX, 78041, USA.
(street) (city) (state) (zip code) (country)
 Executed in Webb County, State of Texas, on the 19 day of July, 20 23.
(month) (year)



 Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 0.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4. SCHEDULE E: LOANS	\$ 0.00
5. ■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 5,400.30
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0.00
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12. ■ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 297.50

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 (E/Yes Campaign Plans)
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 (see _____) Dr. Victor D. Trevino	8 Loan Amount (\$) 50,000.00
6 Is lender a financial institution? <input checked="" type="checkbox"/> Y <input 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 none		15 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 (see _____) 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	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: 1	2 FILER NAME VICTOR D. TREVINO	3 Filer ID (Ethics Commission Filers)
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4 Date 01/13/2023	5 Payee name KGNS
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6 Amount (\$) 5,301.45	7 Payee address; 120 WEST DELMAR	City; LAREDO	State; TX	Zip Code 78041
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description POLITICAL ADS
	(c) <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 VICTOR D. TREVINO	Office sought N/A	Office held MAYOR
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Date 01/13/2023	Payee name COMMERCE BANK
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Amount (\$) 98.85	Payee address; 5800 SAN DARIO AVE.	City; LAREDO	State; TX	Zip Code 78041
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ACCOUNTING/BANKING	Description FEES DURING PERIOD
	<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 VICTOR D. TREVINO	Office sought N/A	Office held MAYOR
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Date	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
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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	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

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 K: 1
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2 FILER NAME VICTOR D. TREVINO	3 Filer ID (Ethics Commission Filers)
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4 Date 03/06/2023	5 Name of person from whom amount is received ENTRAVISION 6 Address of person from whom amount is received; City; State; Zip Code MARIA LUISA DRIVE LAREDO TX 78043	8 Amount (\$) 297.50
7 Purpose for which amount is received Check if political contribution returned to filer REFUND FOR UNUSED POLITICAL AD PURCHASE		

Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received Check if political contribution returned to filer		

Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received Check if political contribution returned to filer		

Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received Check if political contribution returned to filer		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED