

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**OFFICIAL RECORD
CITY SECRETARY
FT. WORTH, TX**

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

The C/OH Instruction Guide explains how to complete this form.

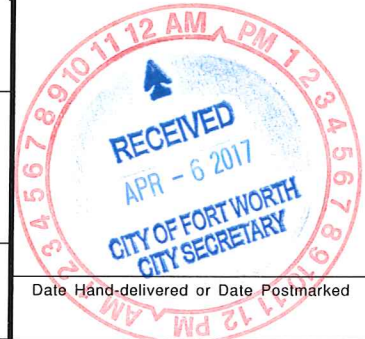
1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

23

OFFICE USE ONLY

Date Received



Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Mrs.

Jennifer

M

Trevino

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

4917 Robinson St. Fort Worth, TX

76114

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817) 319 - 5876

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Mrs.

Sara

P

Lynch

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

1601 College Ave Fort Worth, TX 76104

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817) 723 - 2917

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 \$500 limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

01 / 01 / 2017

THROUGH

Month

Day

Year

03 / 27 / 2017

11 ELECTION

ELECTION DATE

Month Day Year

05 / 06 / 2017

ELECTION TYPE

☐ Primary

☐ Runoff

☐ Other
Description

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

n/a

13 OFFICE SOUGHT (if known)

FW city council District 2

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Jennifer Trevino 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

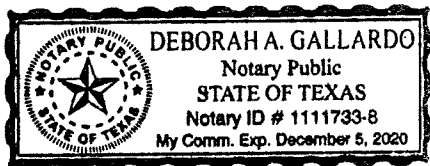
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO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

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> 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	\$ 150.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 11,168.78
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,270.75
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,579.82
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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.

Jennifer Trevino

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jennifer Trevino, this the 6th day of April, 2017, to certify which, witness my hand and seal of office.

D. Gallardo

Signature of officer administering oath

Deborah A. Gallardo

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 Jennifer 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	\$ 10,340 ⁰⁰
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 618.78
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	\$ 7,270.75
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: 10

2 FILER NAME

Jennifer Trevino

3 Filer ID (Ethics Commission Filers)

4 Date

11/9/17

5 Full name of contributor

Jill Black

☐ out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$ 50.00

6 Contributor address;

City; State; Zip Code

2031 Ward Pkwy Fort Worth, TX 76110

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11/9/17

Full name of contributor

Margaret Demoss

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 50.00

Contributor address;

City; State; Zip Code

2600 W. 7th St. #2644 Fort Worth, TX 76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/10/17

+

3/11/17

Full name of contributor

Denise Lopez

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 140.00

Contributor address;

City; State; Zip Code

3320 NW Lorraine Fort Worth, TX 76106

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/10/17

Full name of contributor

Sylvia Garcia

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 75.00

Contributor address;

City; State; Zip Code

4825 Macie Ave Fort Worth, TX 76114

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 10

2 FILER NAME

Jennifer Trevino

3 Filer ID (Ethics Commission Filers)

4 Date

1/10/17

5 Full name of contributor

Ralph Garcia

☐ out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$ 75⁰⁰

6 Contributor address;

City; State; Zip Code

4825 Macie Ave Fort Worth, TX 76114

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1/9/17

Full name of contributor

Sandra McGlothlin

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 5,000⁰⁰

Contributor address;

City; State; Zip Code

6225 Forest River Dr. Fort Worth, TX 76112

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/14/17

Full name of contributor

Rolanda Botello

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 50⁰⁰

Contributor address;

City; State; Zip Code

8 Spring Garden Dr. Fort Worth, TX 76134

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/16/17

Full name of contributor

Diana Crawford

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 50⁰⁰

Contributor address;

City; State; Zip Code

4308 Locke Ave. Fort Worth, TX 76107

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 10

2 FILER NAME

Jennifer Trevino

3 Filer ID (Ethics Commission Filers)

4 Date

1/21/17

5 Full name of contributor

☐ out-of-state PAC (ID#:

Valerie Martinez - Ebers

6 Contributor address;

City; State; Zip Code

121 Copperwood Dr. Lakeside, TX 76108

7 Amount of contribution (\$)

\$200.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1/22/17

Full name of contributor

☐ out-of-state PAC (ID#:

Wilhelmina Kraven

Contributor address;

City; State; Zip Code

6040 Camp Bowie Fort Worth, TX 76116

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/31/17

Full name of contributor

☐ out-of-state PAC (ID#:

Melissa Mitchell

Contributor address;

City; State; Zip Code

2429 Rogers Ave Fort Worth, TX 76109

Amount of contribution (\$)

\$150.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/30/17

Full name of contributor

☐ out-of-state PAC (ID#:

Hilary Weinstein

Contributor address;

City; State; Zip Code

3100 W. 7th #803 Fort Worth, TX 76107

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 10

2 FILER NAME

Jennifer Trevino

3 Filer ID (Ethics Commission Filers)

4 Date

2/4/17

5 Full name of contributor

Adair Taulbee

☐ out-of-state PAC (ID#: _____)

6 Contributor address;

City; State; Zip Code

7016 Culver Ave, Fort Worth, TX 76116

7 Amount of contribution (\$)

\$100⁰⁰

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/10/17

Full name of contributor

Rachel Rouby

☐ out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

1201 Mountain Air Trail Fort Worth TX 76131

Amount of contribution (\$)

\$50⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/11/17

Full name of contributor

Joanna Baksh

☐ out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

5212 Stacey Ave, Fort Worth, TX 76132

Amount of contribution (\$)

\$100⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/12/17

Full name of contributor

Sara Murphy

☐ out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

8971 Little Reata Trail Benbrook, TX 76126

Amount of contribution (\$)

\$200⁰⁰

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 10

2 FILER NAME

Jennifer Trevino

3 Filer ID (Ethics Commission Filers)

4 Date

2/13/17

5 Full name of contributor

Francis Lyle

☐ out-of-state PAC (ID#: _____)

6 Contributor address;

City; State; Zip Code

4420 Werten Crest St. Fort Worth, TX 76109

7 Amount of contribution (\$)

\$275⁰⁰

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/13/17

Full name of contributor

Jackie Williams

☐ out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

2607 Greenbriar Dr. Mansfield, TX 76063

Amount of contribution (\$)

\$50⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/25/17

Full name of contributor

Victoria "Tori" Adams

☐ out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

2330 medford Ct. E Fort Worth, TX 76109

Amount of contribution (\$)

\$100⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/28/17

Full name of contributor

Manuel Torres

☐ out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

11367 SW 13th St. Pembroke Pines FL 33025

Amount of contribution (\$)

\$50⁰⁰

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 10

2 FILER NAME

Jennifer Trevino

3 Filer ID (Ethics Commission Filers)

4 Date

3/1/17

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Thomas Fairchild

6 Contributor address;

City; State; Zip Code

6725 medinah Dr. Fort Worth, TX 76132

7 Amount of contribution (\$)

\$200⁰⁰

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/5/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amy Glass

Contributor address;

City; State; Zip Code

2117 Inverray Ct. Arlington, TX 76017

Amount of contribution (\$)

\$500⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/6/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amanda Arizola

Contributor address;

City; State; Zip Code

PO Box 430 Hurst, TX 76053

Amount of contribution (\$)

\$200⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/9/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Cathy Holt

Contributor address;

City; State; Zip Code

8805 Turnberry Ct. Fort Worth, TX 76179

Amount of contribution (\$)

\$100⁰⁰

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 10

2 FILER NAME

Jennifer Trevino

3 Filer ID (Ethics Commission Filers)

4 Date

3/10/17

5 Full name of contributor

Jeanette Martinez

☐ out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

City; State; Zip Code

3928 Townsend Dr. Fort Worth, TX 76110

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/13/17

Full name of contributor

Melanie Cedillo

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$50.00

Contributor address;

City; State; Zip Code

5509 Penwell Dr. Fort Worth, TX 76135

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/18/17

Full name of contributor

Wilma Lopez

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$150.00

Contributor address;

City; State; Zip Code

6033 Portridge Dr. Fort Worth, TX 76135

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/18/17

Full name of contributor

John Meza

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$50.00

Contributor address;

City; State; Zip Code

2600 Capri Dr. Fort Worth, TX 76114

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 10

2 FILER NAME

Jennifer Trevino

3 Filer ID (Ethics Commission Filers)

4 Date

3/20/17

5 Full name of contributor

Cari Hyden

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

\$ 200⁰⁰

6 Contributor address;

City; State; Zip Code

5441 Lake Powell Dr. Fort Worth, TX 76137

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/20/17

Full name of contributor

Marie Ferrier

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$ 100⁰⁰

Contributor address;

City; State; Zip Code

222 Lake Carnegie Ct. Laredo, TX 78041

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/18/17

Full name of contributor

Gary Havener

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$ 200⁰⁰

Contributor address;

City; State; Zip Code

PO Box 121969 Fort Worth, TX 76121

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/10/17

Full name of contributor

Alfred Saenz

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$ 500⁰⁰

Contributor address;

City; State; Zip Code

407 Throckmorton St. PH#7 Fort Worth, TX 76102

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 10

2 FILER NAME

Jennifer Trevino

3 Filer ID (Ethics Commission Filers)

4 Date

3/14/17

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Sylvia Briones

6 Contributor address;

City; State; Zip Code

5225 Post Ridge Dr. Fort Worth, TX 76123

7 Amount of contribution (\$)

\$100⁰⁰

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/25/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Eva + Bob Bonilla

Contributor address;

City; State; Zip Code

362 Foch St. Fort Worth, TX 76107

Amount of contribution (\$)

\$100⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/25/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Silvia Luna

Contributor address;

City; State; Zip Code

4708 Tony Ct. Fort Worth, TX 76135

Amount of contribution (\$)

\$100⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/25/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Gallardo Financial

Contributor address;

City; State; Zip Code

2621 NW 29th St. Fort Worth, TX 76106

Amount of contribution (\$)

\$100⁰⁰

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

10

2 FILER NAME

Jennifer Trevino

3 Filer ID (Ethics Commission Filers)

4 Date

3/25/17

5 Full name of contributor

Emerico Perez

☐ out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$75⁰⁰

6 Contributor address;

City; State; Zip Code

7425 Ewing Ave Fort Worth, TX 76116

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/25/17

Full name of contributor

Vincent Craig

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100⁰⁰

Contributor address;

City; State; Zip Code

804 Quail Park Lane Cleburne, TX 76031

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/15/17

Full name of contributor

Victoria Ruiz

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$50.00

Contributor address;

City; State; Zip Code

10132 Chapel Springs Trl Fort Worth, TX 76116

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <u>2</u>	
2 FILER NAME <u>Jennifer Trevino</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>678.78</u>	
5 Date <u>3/25/17</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Bob Bonilla</u>	8 Amount of Contribution \$ <u>\$500.00</u>	9 In-kind contribution description <u>DJ services</u>
7 Contributor address; City; State; Zip Code <u>362 Fock St Fort Worth TX 76107</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date <u>3/4/17</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Jennifer & Chris Trevino</u>	Amount of Contribution \$ <u>\$78.78</u>	In-kind contribution description <u>canvassing supplies</u>
Contributor address; City; State; Zip Code <u>4917 Robinson St Fort Worth TX 76114</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <u>2</u>	
2 FILER NAME <u>Jennifer Trevino</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <u>1/31/17</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Jennifer + Chris Trevino</u>	8 Amount of Contribution \$ <u>\$100.00</u>	9 In-kind contribution description <u>Ballot Filing Fee</u>
7 Contributor address; City; State; Zip Code <u>4917 Robinson St Fort Worth TX 76114</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
			<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
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	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: 8	2 FILER NAME Jennifer Trevino	3 Filer ID (Ethics Commission Filers)
4 Date 11/17-3/27/17	5 Payee name Paypal	
6 Amount (\$) \$112.41	7 Payee address; City; State; Zip Code 2211 North First Street San Jose, CA 95131	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Pay Fees - Donations	(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 11/17-3/27/17	Payee name Square	
Amount (\$) \$4.82	Payee address; City; State; Zip Code 1455 Market Street, Suite 600 San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Square Fees - Donations	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 1/8/17	Payee name Double Play Consulting, LLC	
Amount (\$) \$400.00	Payee address; City; State; Zip Code 340 Cove Ranch Rd Kempner, TX 76539	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting expense	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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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: 8		2 FILER NAME Jennifer Trevino		3 Filer ID (Ethics Commission Filers)	
4 Date 1/8/17		5 Payee name Vistaprint			
6 Amount (\$) \$49.99		7 Payee address; City; State; Zip Code 275 Wyman St. Waltham, MA 02451			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) advertising expense + printing		(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 1/17/17		Payee name Vistaprint			
Amount (\$) \$29.22		Payee address; City; State; Zip Code 275 Wyman St. Waltham, MA 02451			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) advertising expense + printing		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 1/17/17		Payee name Greater MLK Holiday Committee			
Amount (\$) \$25.00		Payee address; City; State; Zip Code P.O. Box 3328 Fort Worth, TX 76113			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) event expense		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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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: <u>8</u>	2 FILER NAME <u>Jennifer Trevino</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>2/5/17</u>	5 Payee name <u>All Saints Catholic School (Raiders on the Run)</u>	
6 Amount (\$) <u>\$250.00</u>	7 Payee address; City; State; Zip Code <u>2006 N. Houston St. Fort Worth, TX 76164</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>event expense (sponsorship)</u>	(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 <u>2/9/17</u>	Payee name <u>Ink Technologies</u>	
Amount (\$) <u>\$56.95</u>	Payee address; City; State; Zip Code <u>7600 McEwen Rd Dayton, OH 45459</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>office overhead (toner)</u>	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 <u>2/10/17</u>	Payee name <u>Office Depot</u>	
Amount (\$) <u>\$184.01</u>	Payee address; City; State; Zip Code <u>401 Carroll St. Fort Worth, TX 76107</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>office overhead (printer)</u>	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 _____	

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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: <u>8</u>	2 FILER NAME <u>Jennifer Trevino</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>2/21/17</u>	5 Payee name <u>GoDaddy</u>	
6 Amount (\$) <u>\$51.83</u>	7 Payee address; City; State; Zip Code <u>14455 N. Hayden Rd Scottsdale, AZ 85260</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>other - website/email</u>	(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 <u>2/22/17</u>	Payee name <u>VistaPrint</u>	
Amount (\$) <u>\$35.99</u>	Payee address; City; State; Zip Code <u>275 Nymen St. Waltham, MA 02451</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>advertising & printing expense</u>	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 <u>3/7/17</u>	Payee name <u>Signs By Tomorrow</u>	
Amount (\$) <u>\$2,706.25</u>	Payee address; City; State; Zip Code <u>3509 NW Loop 820 Fort Worth, TX 76106</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>advertising expense (yard signs)</u>	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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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: 8	2 FILER NAME Jennifer Trevino	3 Filer ID (Ethics Commission Filers)
4 Date 3/6/17	5 Payee name Vistaprint	
6 Amount (\$) \$89.99	7 Payee address; City; State; Zip Code 275 Wyman St. Waltham, MA 02451	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) advertising + printing expense	(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 3/8/17	Payee name Cesar Chavez Committee of Tarrant County	
Amount (\$) \$125.00	Payee address; City; State; Zip Code 2203 W. Greentpoint Ct. Arlington TX 76001	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) wmt expense (sponsorship)	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 3/13/17	Payee name Kwik Kopy	
Amount (\$) \$282.53	Payee address; City; State; Zip Code 1850 Handley Dr. Fort Worth, TX 76112	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising + printing expense (push cards)	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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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: 8		2 FILER NAME Jennifer Trevino		3 Filer ID (Ethics Commission Filers)	
4 Date 3/15/17		5 Payee name Texas Democratic Party			
6 Amount (\$) \$280.00		7 Payee address; City; State; Zip Code P.O. Box 116 Austin, TX 78767			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) other-voter file		(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 3/15/17		Payee name Kwik Kopy			
Amount (\$) \$333.41		Payee address; City; State; Zip Code 1850 Handley Dr. Fort Worth, TX 76112			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) advertising + printing expenses (push cards)		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 3/18/17		Payee name Sabine Jarvis Little League			
Amount (\$) \$300.00		Payee address; City; State; Zip Code 3604 Schwartz Ave Fort Worth TX 76106			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) event expense (sponsorship)		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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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: <u>8</u>		2 FILER NAME <u>Jennifer Trevino</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>3/20/17</u>		5 Payee name <u>Underground Printing</u>			
6 Amount (\$) <u>\$367.50</u>		7 Payee address; City; State; Zip Code <u>818 Clark St Evanston, IL 60201</u>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <u>advertising expense (t-shirts)</u>		(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 <u>3/17/17</u>		Payee name <u>Amigos in Business</u>			
Amount (\$) <u>\$325.00</u>		Payee address; City; State; Zip Code <u>P.O. Box 123706 Fort Worth TX 76121</u>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <u>advertising expense (Nuestra Voz)</u>		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 <u>3/24/17</u>		Payee name <u>Signs By Tomorrow</u>			
Amount (\$) <u>\$1,119.72</u>		Payee address; City; State; Zip Code <u>3509 NW Loop 820 Fort Worth, TX 76106</u>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <u>advertising expense (signs)</u>		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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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: <u>8</u>		2 FILER NAME <u>Jennifer Trevino</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>3/24/17</u>		5 Payee name <u>Costco</u>			
6 Amount (\$) <u>\$257.36</u>		7 Payee address; City; State; Zip Code <u>5300 Drexton Ridge Blvd, Fort Worth TX 76132</u>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <u>Went upriver (Meat + Boat)</u>		(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 <u>2/8/17</u>		Payee name <u>Wells Fargo</u>			
Amount (\$) <u>\$3.00</u>		Payee address; City; State; Zip Code <u>420 Montgomery St, San Francisco CA 94104</u>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <u>fees</u>		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		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	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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