

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.			1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <u>78</u>		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <u>Mrs.</u>	FIRST <u>Brenda</u>	MI <u>L</u>	OFFICE USE ONLY		
	NICKNAME	LAST <u>Trevino</u>	SUFFIX	Date Received  RECEIVED <u>JAN 15 2026</u> <i>HR</i>		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  <u>PO BOX 131, FLORESVILLE, TX 78114</u>					
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE ( <u>210</u> )	PHONE NUMBER <u>317-2509</u>	EXTENSION	Date Hand-delivered or Date Postmarked		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <u>Mr.</u>	FIRST <u>James</u>	MI	Receipt #   Amount \$		
	NICKNAME	LAST <u>Jim</u>	SUFFIX	Date Processed		
		<b>Burdette</b>		Date Imaged		
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;  <u>221 Heritage View Dr, Adkins, TX 78101</u>			STATE; ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE ( <u>210</u> )	PHONE NUMBER <u>253-0183</u>	EXTENSION			
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit			<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month <u>07</u>	Day <u>01</u>	Year <u>2025</u>	Month <u>12</u>	Day <u>31</u>	Year <u>2025</u>
11 ELECTION	ELECTION DATE Month <u>03</u>	Day <u>03</u>	Year <u>2026</u>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)  <u>County Judge</u>		
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.					
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME				
		COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				

GO TO PAGE 2

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

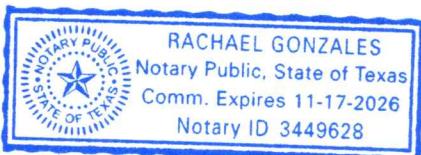
FORM JC/OH  
COVER SHEET PG 2

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13 C / OH NAME	Trevino, Brenda		14 Filer ID										
15 NOTICE FROM POLITICAL COMMITTEE(S)	<p>This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.</p> <p><input type="checkbox"/> Additional Pages</p> <table border="1"> <tr> <td>COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td></td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td></td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL		<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS		COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE	COMMITTEE NAME												
<input type="checkbox"/> GENERAL													
<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS												
	COMMITTEE CAMPAIGN TREASURER NAME												
	COMMITTEE CAMPAIGN TREASURER ADDRESS												
16 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)		\$ 37,549.79										
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		\$ 0.00										
	4. TOTAL POLITICAL EXPENDITURES		\$ 22,759.16										
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 27,459.14										
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 0.00										

## 17 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

## AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Brenda Trevino, this the 15<sup>th</sup> day of January, 20 26, 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

**SUBTOTALS - JC/OH****FORM JC/OH  
COVER SHEET PG 3**

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<b>18 FILER NAME</b> Trevino, Brenda	<b>19 Filer ID</b>
<b>20 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE A(J): MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL) <span style="float: right;">\$ 31,079.79</span>	
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS <span style="float: right;">\$ 6,470.00</span>	
3. <input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL) <span style="float: right;">\$</span>	
4. <input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL) <span style="float: right;">\$</span>	
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS <span style="float: right;">\$ 22,759.16</span>	
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS <span style="float: right;">\$</span>	
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS <span style="float: right;">\$</span>	
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD <span style="float: right;">\$</span>	
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS <span style="float: right;">\$</span>	
10. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH <span style="float: right;">\$</span>	
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS <span style="float: right;">\$</span>	
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER <span style="float: right;">\$</span>	

## MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 1/36 Rpt: 4/78												
<b>2</b> FILER NAME Trevino, Brenda		<b>3</b> Filer ID												
<b>4</b> Date 08/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ANDERSON, MEGAN ..... <b>6</b> Contributor address; City; State; Zip Code  FLORESVILLE, TX 78114	<b>7</b> Amount of Contribution (\$) \$40.00												
<b>8</b> Contributor's Principal Occupation LEO		<b>9</b> Contributor's Job Title LEO												
<b>10</b> Contributor's employer/law firm		<b>11</b> Law firm of contributor's spouse (if any)												
<b>12</b> If contributor is a child, law firm of parent(s) (if any)														
<table border="1"> <tr> <td>Date 11/16/2025</td> <td>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ANDRISEK, CHANDA ..... Contributor address; City; State; Zip Code  TX</td> <td>Amount of Contribution (\$) \$25.00</td> </tr> <tr> <td colspan="2">Contributor's Principal Occupation</td> <td>Contributor's Job Title</td> </tr> <tr> <td colspan="2">Contributor's employer/law firm</td> <td>Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="3">If contributor is a child, law firm of parent(s) (if any)</td> </tr> </table>			Date 11/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ANDRISEK, CHANDA ..... Contributor address; City; State; Zip Code  TX	Amount of Contribution (\$) \$25.00	Contributor's Principal Occupation		Contributor's Job Title	Contributor's employer/law firm		Law firm of contributor's spouse (if any)	If contributor is a child, law firm of parent(s) (if any)		
Date 11/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ANDRISEK, CHANDA ..... Contributor address; City; State; Zip Code  TX	Amount of Contribution (\$) \$25.00												
Contributor's Principal Occupation		Contributor's Job Title												
Contributor's employer/law firm		Law firm of contributor's spouse (if any)												
If contributor is a child, law firm of parent(s) (if any)														
<table border="1"> <tr> <td>Date 10/23/2025</td> <td>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: AROCHA, LINO &amp; SYLVIA ..... Contributor address; City; State; Zip Code  TX</td> <td>Amount of Contribution (\$) \$100.00</td> </tr> <tr> <td colspan="2">Contributor's Principal Occupation</td> <td>Contributor's Job Title</td> </tr> <tr> <td colspan="2">Contributor's employer/law firm</td> <td>Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="3">If contributor is a child, law firm of parent(s) (if any)</td> </tr> </table>			Date 10/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: AROCHA, LINO & SYLVIA ..... Contributor address; City; State; Zip Code  TX	Amount of Contribution (\$) \$100.00	Contributor's Principal Occupation		Contributor's Job Title	Contributor's employer/law firm		Law firm of contributor's spouse (if any)	If contributor is a child, law firm of parent(s) (if any)		
Date 10/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: AROCHA, LINO & SYLVIA ..... Contributor address; City; State; Zip Code  TX	Amount of Contribution (\$) \$100.00												
Contributor's Principal Occupation		Contributor's Job Title												
Contributor's employer/law firm		Law firm of contributor's spouse (if any)												
If contributor is a child, law firm of parent(s) (if any)														

## MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 2/36 Rpt: 5/78												
<b>2</b> FILER NAME Trevino, Brenda		<b>3</b> Filer ID												
<b>4</b> Date 10/25/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AROCHA, SYLVIA ..... <b>6</b> Contributor address; City; State; Zip Code  FLORESVILLE, TX 78114	<b>7</b> Amount of Contribution (\$) \$150.00												
<b>8</b> Contributor's Principal Occupation ADMIN		<b>9</b> Contributor's Job Title ADMIN												
<b>10</b> Contributor's employer/law firm		<b>11</b> Law firm of contributor's spouse (if any)												
<b>12</b> If contributor is a child, law firm of parent(s) (if any)														
<table border="1"> <tr> <td>Date 09/13/2025</td> <td>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AROCHA, SYLVIA ..... Contributor address; City; State; Zip Code 1509 2ND ST  FLORESVILLE, TX 78114</td> <td>Amount of Contribution (\$) \$100.00</td> </tr> <tr> <td colspan="2">Contributor's Principal Occupation ADMIN</td> <td>Contributor's Job Title</td> </tr> <tr> <td colspan="2">Contributor's employer/law firm</td> <td>Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="3">If contributor is a child, law firm of parent(s) (if any)</td> </tr> </table>			Date 09/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AROCHA, SYLVIA ..... Contributor address; City; State; Zip Code 1509 2ND ST  FLORESVILLE, TX 78114	Amount of Contribution (\$) \$100.00	Contributor's Principal Occupation ADMIN		Contributor's Job Title	Contributor's employer/law firm		Law firm of contributor's spouse (if any)	If contributor is a child, law firm of parent(s) (if any)		
Date 09/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AROCHA, SYLVIA ..... Contributor address; City; State; Zip Code 1509 2ND ST  FLORESVILLE, TX 78114	Amount of Contribution (\$) \$100.00												
Contributor's Principal Occupation ADMIN		Contributor's Job Title												
Contributor's employer/law firm		Law firm of contributor's spouse (if any)												
If contributor is a child, law firm of parent(s) (if any)														
<table border="1"> <tr> <td>Date 07/01/2025</td> <td>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BARRERA, GRACE ..... Contributor address; City; State; Zip Code  SAN ANTONIO, TX</td> <td>Amount of Contribution (\$) \$300.00</td> </tr> <tr> <td colspan="2">Contributor's Principal Occupation ATTORNEY</td> <td>Contributor's Job Title ATTORNEY</td> </tr> <tr> <td colspan="2">Contributor's employer/law firm</td> <td>Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="3">If contributor is a child, law firm of parent(s) (if any)</td> </tr> </table>			Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BARRERA, GRACE ..... Contributor address; City; State; Zip Code  SAN ANTONIO, TX	Amount of Contribution (\$) \$300.00	Contributor's Principal Occupation ATTORNEY		Contributor's Job Title ATTORNEY	Contributor's employer/law firm		Law firm of contributor's spouse (if any)	If contributor is a child, law firm of parent(s) (if any)		
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BARRERA, GRACE ..... Contributor address; City; State; Zip Code  SAN ANTONIO, TX	Amount of Contribution (\$) \$300.00												
Contributor's Principal Occupation ATTORNEY		Contributor's Job Title ATTORNEY												
Contributor's employer/law firm		Law firm of contributor's spouse (if any)												
If contributor is a child, law firm of parent(s) (if any)														

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<p><b>The Instruction Guide explains how to complete this form.</b></p>		<p><b>1</b> Total pages Schedule A(J)1: Sch: 3/36 Rpt: 6/78</p>
<p><b>2</b> FILER NAME Trevino, Brenda</p>		<p><b>3</b> Filer ID</p>
<p><b>4</b> Date 09/10/2025</p>	<p><b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BODIFORD, JALYN ..... <b>6</b> Contributor address; City; State; Zip Code  FLORESVILLE, TX 78114</p>	<p><b>7</b> Amount of Contribution (\$) \$100.00</p>
<p><b>8</b> Contributor's Principal Occupation HR</p>		<p><b>9</b> Contributor's Job Title HR</p>
<p><b>10</b> Contributor's employer/law firm</p>		<p><b>11</b> Law firm of contributor's spouse (if any)</p>
<p><b>12</b> If contributor is a child, law firm of parent(s) (if any)</p>		
<p>Date 10/25/2025</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BODIFORD, JALYN ..... Contributor address; City; State; Zip Code 236 SOUTHWOOD OAKS  FLORESVILLE, TX 78114</p>	<p>Amount of Contribution (\$) \$1,025.00</p>
<p>Contributor's Principal Occupation HR</p>		<p>Contributor's Job Title</p>
<p>Contributor's employer/law firm</p>		<p>Law firm of contributor's spouse (if any)</p>
<p>If contributor is a child, law firm of parent(s) (if any)</p>		
<p>Date 09/13/2025</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BODIFORD, LONNIE ..... Contributor address; City; State; Zip Code 236 SOUTHWOOD OAKS  FLORESVILLE, TX 78114</p>	<p>Amount of Contribution (\$) \$100.00</p>
<p>Contributor's Principal Occupation</p>		<p>Contributor's Job Title</p>
<p>Contributor's employer/law firm</p>		<p>Law firm of contributor's spouse (if any)</p>
<p>If contributor is a child, law firm of parent(s) (if any)</p>		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

**The Instruction Guide explains how to complete this form.**

**1 Total pages Schedule A(J)1:  
Sch: 4/36 Rpt: 7/78**

<b>2 FILER NAME</b> Trevino, Brenda		<b>3 Filer ID</b>												
<b>4 Date</b> 10/25/2025	<b>5 Full name of contributor</b> BOENING, RUSSELL ..... <b>6 Contributor address; City; State; Zip Code</b> 5145 FM 1344  FLORESVILLE, TX 78114	<b>7 Amount of Contribution (\$)</b> \$250.00												
<b>8 Contributor's Principal Occupation</b> OWNER		<b>9 Contributor's Job Title</b>												
<b>10 Contributor's employer/law firm</b>		<b>11 Law firm of contributor's spouse (if any)</b>												
<b>12 If contributor is a child, law firm of parent(s) (if any)</b>														
<table border="1"> <tr> <td><b>Date</b> 10/21/2025</td> <td><b>Full name of contributor</b> BOENING, SCOTT &amp; DIANE ..... <b>Contributor address; City; State; Zip Code</b>  POTH, TX 78114</td> <td><b>Amount of Contribution (\$)</b> \$750.00</td> </tr> <tr> <td colspan="2"><b>Contributor's Principal Occupation</b> OWNER</td> <td><b>Contributor's Job Title</b> OWNER</td> </tr> <tr> <td colspan="2"><b>Contributor's employer/law firm</b></td> <td><b>Law firm of contributor's spouse (if any)</b></td> </tr> <tr> <td colspan="3"><b>If contributor is a child, law firm of parent(s) (if any)</b></td> </tr> </table>			<b>Date</b> 10/21/2025	<b>Full name of contributor</b> BOENING, SCOTT & DIANE ..... <b>Contributor address; City; State; Zip Code</b>  POTH, TX 78114	<b>Amount of Contribution (\$)</b> \$750.00	<b>Contributor's Principal Occupation</b> OWNER		<b>Contributor's Job Title</b> OWNER	<b>Contributor's employer/law firm</b>		<b>Law firm of contributor's spouse (if any)</b>	<b>If contributor is a child, law firm of parent(s) (if any)</b>		
<b>Date</b> 10/21/2025	<b>Full name of contributor</b> BOENING, SCOTT & DIANE ..... <b>Contributor address; City; State; Zip Code</b>  POTH, TX 78114	<b>Amount of Contribution (\$)</b> \$750.00												
<b>Contributor's Principal Occupation</b> OWNER		<b>Contributor's Job Title</b> OWNER												
<b>Contributor's employer/law firm</b>		<b>Law firm of contributor's spouse (if any)</b>												
<b>If contributor is a child, law firm of parent(s) (if any)</b>														
<table border="1"> <tr> <td><b>Date</b> 10/25/2025</td> <td><b>Full name of contributor</b> BOENING, SCOTT &amp; DIANE ..... <b>Contributor address; City; State; Zip Code</b>  POTH, TX 78147</td> <td><b>Amount of Contribution (\$)</b> \$1,600.00</td> </tr> <tr> <td colspan="2"><b>Contributor's Principal Occupation</b> OWNER</td> <td><b>Contributor's Job Title</b></td> </tr> <tr> <td colspan="2"><b>Contributor's employer/law firm</b></td> <td><b>Law firm of contributor's spouse (if any)</b></td> </tr> <tr> <td colspan="3"><b>If contributor is a child, law firm of parent(s) (if any)</b></td> </tr> </table>			<b>Date</b> 10/25/2025	<b>Full name of contributor</b> BOENING, SCOTT & DIANE ..... <b>Contributor address; City; State; Zip Code</b>  POTH, TX 78147	<b>Amount of Contribution (\$)</b> \$1,600.00	<b>Contributor's Principal Occupation</b> OWNER		<b>Contributor's Job Title</b>	<b>Contributor's employer/law firm</b>		<b>Law firm of contributor's spouse (if any)</b>	<b>If contributor is a child, law firm of parent(s) (if any)</b>		
<b>Date</b> 10/25/2025	<b>Full name of contributor</b> BOENING, SCOTT & DIANE ..... <b>Contributor address; City; State; Zip Code</b>  POTH, TX 78147	<b>Amount of Contribution (\$)</b> \$1,600.00												
<b>Contributor's Principal Occupation</b> OWNER		<b>Contributor's Job Title</b>												
<b>Contributor's employer/law firm</b>		<b>Law firm of contributor's spouse (if any)</b>												
<b>If contributor is a child, law firm of parent(s) (if any)</b>														

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 5/36 Rpt: 8/78												
<b>2</b> FILER NAME Trevino, Brenda		<b>3</b> Filer ID												
<b>4</b> Date 09/11/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: BRAVO, AMANDA ..... <b>6</b> Contributor address; City; State; Zip Code  FLORESVILLE, TX 78114	<b>7</b> Amount of Contribution (\$) \$10.00												
<b>8</b> Contributor's Principal Occupation AUDITOR		<b>9</b> Contributor's Job Title ASST. AUDITOR												
<b>10</b> Contributor's employer/law firm		<b>11</b> Law firm of contributor's spouse (if any)												
<b>12</b> If contributor is a child, law firm of parent(s) (if any)														
<table border="1"> <tr> <td>Date 10/24/2025</td> <td>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: BROWDER, ALAN &amp; DIANA ..... Contributor address; City; State; Zip Code 705 1ST ST  FLORESVILLE, TX 78114</td> <td>Amount of Contribution (\$) \$100.00</td> </tr> <tr> <td colspan="2">Contributor's Principal Occupation ADMIN</td> <td>Contributor's Job Title ADMIN</td> </tr> <tr> <td colspan="2">Contributor's employer/law firm</td> <td>Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="3">If contributor is a child, law firm of parent(s) (if any)</td> </tr> </table>			Date 10/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: BROWDER, ALAN & DIANA ..... Contributor address; City; State; Zip Code 705 1ST ST  FLORESVILLE, TX 78114	Amount of Contribution (\$) \$100.00	Contributor's Principal Occupation ADMIN		Contributor's Job Title ADMIN	Contributor's employer/law firm		Law firm of contributor's spouse (if any)	If contributor is a child, law firm of parent(s) (if any)		
Date 10/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: BROWDER, ALAN & DIANA ..... Contributor address; City; State; Zip Code 705 1ST ST  FLORESVILLE, TX 78114	Amount of Contribution (\$) \$100.00												
Contributor's Principal Occupation ADMIN		Contributor's Job Title ADMIN												
Contributor's employer/law firm		Law firm of contributor's spouse (if any)												
If contributor is a child, law firm of parent(s) (if any)														
<table border="1"> <tr> <td>Date 10/25/2025</td> <td>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: CANTU, CHERYL ..... Contributor address; City; State; Zip Code TX</td> <td>Amount of Contribution (\$) \$85.00</td> </tr> <tr> <td colspan="2">Contributor's Principal Occupation</td> <td>Contributor's Job Title</td> </tr> <tr> <td colspan="2">Contributor's employer/law firm</td> <td>Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="3">If contributor is a child, law firm of parent(s) (if any)</td> </tr> </table>			Date 10/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: CANTU, CHERYL ..... Contributor address; City; State; Zip Code TX	Amount of Contribution (\$) \$85.00	Contributor's Principal Occupation		Contributor's Job Title	Contributor's employer/law firm		Law firm of contributor's spouse (if any)	If contributor is a child, law firm of parent(s) (if any)		
Date 10/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: CANTU, CHERYL ..... Contributor address; City; State; Zip Code TX	Amount of Contribution (\$) \$85.00												
Contributor's Principal Occupation		Contributor's Job Title												
Contributor's employer/law firm		Law firm of contributor's spouse (if any)												
If contributor is a child, law firm of parent(s) (if any)														

## MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 6/36 Rpt: 9/78	
<b>2</b> FILER NAME Trevino, Brenda		<b>3</b> Filer ID	
<b>4</b> Date 09/08/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CANTU, FELIX ..... <b>6</b> Contributor address; City; State; Zip Code  FLORESVILLE, TX 78114	<b>7</b> Amount of Contribution (\$) \$100.00	
<b>8</b> Contributor's Principal Occupation CITY COUNCILMAN		<b>9</b> Contributor's Job Title	
<b>10</b> Contributor's employer/law firm		<b>11</b> Law firm of contributor's spouse (if any)	
<b>12</b> If contributor is a child, law firm of parent(s) (if any)			
Date 08/29/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARRASCO, BRIANA ..... Contributor address; City; State; Zip Code  TX	Amount of Contribution (\$) \$20.00
Contributor's Principal Occupation		Contributor's Job Title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 07/01/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CASANOVA, JEANETTE ..... Contributor address; City; State; Zip Code  FLORESVILLE, TX 78114	Amount of Contribution (\$) \$300.00
Contributor's Principal Occupation NURSE		Contributor's Job Title NURSE	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 7/36 Rpt: 10/78
<b>2</b> FILER NAME Trevino, Brenda		<b>3</b> Filer ID
<b>4</b> Date 09/13/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: CASANOVA, LAURA ..... <b>6</b> Contributor address; City; State; Zip Code  TX	<b>7</b> Amount of Contribution (\$) \$30.00
<b>8</b> Contributor's Principal Occupation		<b>9</b> Contributor's Job Title
<b>10</b> Contributor's employer/law firm		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 08/15/2025  Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: CEDILLO, ROSIE .....  Contributor address; City; State; Zip Code  TX		Amount of Contribution (\$) \$10.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 08/17/2025  Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: CORDES, GREG & ROSA .....  Contributor address; City; State; Zip Code 1605 CR 128  FLORESVILLE, TX 78114		Amount of Contribution (\$) \$300.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 8/36 Rpt: 11/78																		
<b>2</b> FILER NAME Trevino, Brenda		<b>3</b> Filer ID																		
<b>4</b> Date 10/25/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CORDES, GREG & ROSA ..... <b>6</b> Contributor address; City; State; Zip Code 1605 CR 128  FLORESVILLE, TX 78114	<b>7</b> Amount of Contribution (\$) \$50.00																		
<b>8</b> Contributor's Principal Occupation		<b>9</b> Contributor's Job Title																		
<b>10</b> Contributor's employer/law firm		<b>11</b> Law firm of contributor's spouse (if any)																		
<b>12</b> If contributor is a child, law firm of parent(s) (if any)																				
<table border="1"> <tr> <td>Date 10/25/2025</td> <td> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CRYSTAL, DUKE ..... Contributor address; City; State; Zip Code  TX </td> <td> Amount of Contribution (\$) \$235.00 </td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2"> Contributor's Principal Occupation </td> <td> Contributor's Job Title </td> </tr> <tr> <td colspan="2"> Contributor's employer/law firm </td> <td> Law firm of contributor's spouse (if any) </td> </tr> <tr> <td colspan="3"> If contributor is a child, law firm of parent(s) (if any) </td> </tr> </table>			Date 10/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CRYSTAL, DUKE ..... Contributor address; City; State; Zip Code  TX	Amount of Contribution (\$) \$235.00				Contributor's Principal Occupation		Contributor's Job Title	Contributor's employer/law firm		Law firm of contributor's spouse (if any)	If contributor is a child, law firm of parent(s) (if any)					
Date 10/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CRYSTAL, DUKE ..... Contributor address; City; State; Zip Code  TX	Amount of Contribution (\$) \$235.00																		
Contributor's Principal Occupation		Contributor's Job Title																		
Contributor's employer/law firm		Law firm of contributor's spouse (if any)																		
If contributor is a child, law firm of parent(s) (if any)																				
<table border="1"> <tr> <td>Date 11/13/2025</td> <td> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DUGI, HANNAH ..... Contributor address; City; State; Zip Code  TX </td> <td> Amount of Contribution (\$) \$10.00 </td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2"> Contributor's Principal Occupation </td> <td> Contributor's Job Title </td> </tr> <tr> <td colspan="2"> REALTOR </td> <td></td> </tr> <tr> <td colspan="2"> Contributor's employer/law firm </td> <td> Law firm of contributor's spouse (if any) </td> </tr> <tr> <td colspan="3"> If contributor is a child, law firm of parent(s) (if any) </td> </tr> </table>			Date 11/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DUGI, HANNAH ..... Contributor address; City; State; Zip Code  TX	Amount of Contribution (\$) \$10.00				Contributor's Principal Occupation		Contributor's Job Title	REALTOR			Contributor's employer/law firm		Law firm of contributor's spouse (if any)	If contributor is a child, law firm of parent(s) (if any)		
Date 11/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DUGI, HANNAH ..... Contributor address; City; State; Zip Code  TX	Amount of Contribution (\$) \$10.00																		
Contributor's Principal Occupation		Contributor's Job Title																		
REALTOR																				
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If contributor is a child, law firm of parent(s) (if any)																				

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 9/36 Rpt: 12/78												
<b>2</b> FILER NAME Trevino, Brenda		<b>3</b> Filer ID												
<b>4</b> Date 10/25/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: FLORES, FRED ..... <b>6</b> Contributor address; City; State; Zip Code  FLORESVILLE, TX 78114	<b>7</b> Amount of Contribution (\$) \$105.00												
<b>8</b> Contributor's Principal Occupation		<b>9</b> Contributor's Job Title												
<b>10</b> Contributor's employer/law firm		<b>11</b> Law firm of contributor's spouse (if any)												
<b>12</b> If contributor is a child, law firm of parent(s) (if any)														
<table border="1"> <tr> <td> Date 10/25/2025 </td> <td> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: FLORES, FRED &amp; SANDRA ..... Contributor address; City; State; Zip Code  FLORESVILLE, TX 78114 </td> <td> Amount of Contribution (\$) \$100.00 </td> </tr> <tr> <td colspan="2"> Contributor's Principal Occupation BANKING </td> <td> Contributor's Job Title </td> </tr> <tr> <td colspan="2"> Contributor's employer/law firm </td> <td> Law firm of contributor's spouse (if any) </td> </tr> <tr> <td colspan="3"> If contributor is a child, law firm of parent(s) (if any) </td> </tr> </table>			Date 10/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: FLORES, FRED & SANDRA ..... Contributor address; City; State; Zip Code  FLORESVILLE, TX 78114	Amount of Contribution (\$) \$100.00	Contributor's Principal Occupation BANKING		Contributor's Job Title	Contributor's employer/law firm		Law firm of contributor's spouse (if any)	If contributor is a child, law firm of parent(s) (if any)		
Date 10/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: FLORES, FRED & SANDRA ..... Contributor address; City; State; Zip Code  FLORESVILLE, TX 78114	Amount of Contribution (\$) \$100.00												
Contributor's Principal Occupation BANKING		Contributor's Job Title												
Contributor's employer/law firm		Law firm of contributor's spouse (if any)												
If contributor is a child, law firm of parent(s) (if any)														
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Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: FLORES, SANDRA ..... Contributor address; City; State; Zip Code  FLORESVILLE, TX 78114	Amount of Contribution (\$) \$300.00												
Contributor's Principal Occupation BANKING		Contributor's Job Title BANKER												
Contributor's employer/law firm		Law firm of contributor's spouse (if any)												
If contributor is a child, law firm of parent(s) (if any)														

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 10/36 Rpt: 13/78												
<b>2</b> FILER NAME Trevino, Brenda		<b>3</b> Filer ID												
<b>4</b> Date 09/13/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: FLORES, SANDRA ..... <b>6</b> Contributor address; City; State; Zip Code  FLORESVILLE, TX 78114	<b>7</b> Amount of Contribution (\$) \$250.00												
<b>8</b> Contributor's Principal Occupation BANKING		<b>9</b> Contributor's Job Title BANKER												
<b>10</b> Contributor's employer/law firm		<b>11</b> Law firm of contributor's spouse (if any)												
<b>12</b> If contributor is a child, law firm of parent(s) (if any)														
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Date 09/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: FOWNER, CARL ..... Contributor address; City; State; Zip Code  TX	Amount of Contribution (\$) \$10.00												
Contributor's Principal Occupation FIRE MARSHAL		Contributor's Job Title FIRE MARSHAL												
Contributor's employer/law firm		Law firm of contributor's spouse (if any)												
If contributor is a child, law firm of parent(s) (if any)														
<table border="1"> <tr> <td>Date 08/14/2025</td> <td> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: FREASIER, BETTY ..... Contributor address; City; State; Zip Code 3815 US HWY 181 N  FLORESVILLE, TX 78114 </td> <td> Amount of Contribution (\$) \$300.00 </td> </tr> <tr> <td colspan="2"> Contributor's Principal Occupation OWNER </td> <td> Contributor's Job Title </td> </tr> <tr> <td colspan="2"> Contributor's employer/law firm </td> <td> Law firm of contributor's spouse (if any) </td> </tr> <tr> <td colspan="3"> If contributor is a child, law firm of parent(s) (if any) </td> </tr> </table>			Date 08/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: FREASIER, BETTY ..... Contributor address; City; State; Zip Code 3815 US HWY 181 N  FLORESVILLE, TX 78114	Amount of Contribution (\$) \$300.00	Contributor's Principal Occupation OWNER		Contributor's Job Title	Contributor's employer/law firm		Law firm of contributor's spouse (if any)	If contributor is a child, law firm of parent(s) (if any)		
Date 08/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: FREASIER, BETTY ..... Contributor address; City; State; Zip Code 3815 US HWY 181 N  FLORESVILLE, TX 78114	Amount of Contribution (\$) \$300.00												
Contributor's Principal Occupation OWNER		Contributor's Job Title												
Contributor's employer/law firm		Law firm of contributor's spouse (if any)												
If contributor is a child, law firm of parent(s) (if any)														

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 11/36 Rpt: 14/78												
<b>2</b> FILER NAME Trevino, Brenda		<b>3</b> Filer ID												
<b>4</b> Date 10/25/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: FREASIER, BETTY ..... <b>6</b> Contributor address; City; State; Zip Code 3815 US HWY 181 N  FLORESVILLE, TX 78114	<b>7</b> Amount of Contribution (\$) \$100.00												
<b>8</b> Contributor's Principal Occupation OWNER		<b>9</b> Contributor's Job Title												
<b>10</b> Contributor's employer/law firm		<b>11</b> Law firm of contributor's spouse (if any)												
<b>12</b> If contributor is a child, law firm of parent(s) (if any)														
<table border="1"> <tr> <td>Date 08/30/2025</td> <td> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: GARCIA, JESSE ..... Contributor address; City; State; Zip Code 44 CR 165  FLORESVILLE, TX 78114 </td> <td>Amount of Contribution (\$) \$20.00</td> </tr> <tr> <td colspan="2">Contributor's Principal Occupation</td> <td>Contributor's Job Title</td> </tr> <tr> <td colspan="2">Contributor's employer/law firm</td> <td>Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="3">If contributor is a child, law firm of parent(s) (if any)</td> </tr> </table>			Date 08/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: GARCIA, JESSE ..... Contributor address; City; State; Zip Code 44 CR 165  FLORESVILLE, TX 78114	Amount of Contribution (\$) \$20.00	Contributor's Principal Occupation		Contributor's Job Title	Contributor's employer/law firm		Law firm of contributor's spouse (if any)	If contributor is a child, law firm of parent(s) (if any)		
Date 08/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: GARCIA, JESSE ..... Contributor address; City; State; Zip Code 44 CR 165  FLORESVILLE, TX 78114	Amount of Contribution (\$) \$20.00												
Contributor's Principal Occupation		Contributor's Job Title												
Contributor's employer/law firm		Law firm of contributor's spouse (if any)												
If contributor is a child, law firm of parent(s) (if any)														
<table border="1"> <tr> <td>Date 10/25/2025</td> <td> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: GONZALES, RACHAEL ..... Contributor address; City; State; Zip Code  LA VERNIA, TX 78121 </td> <td>Amount of Contribution (\$) \$100.00</td> </tr> <tr> <td colspan="2">Contributor's Principal Occupation</td> <td>Contributor's Job Title ADMIN</td> </tr> <tr> <td colspan="2">Contributor's employer/law firm</td> <td>Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="3">If contributor is a child, law firm of parent(s) (if any)</td> </tr> </table>			Date 10/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: GONZALES, RACHAEL ..... Contributor address; City; State; Zip Code  LA VERNIA, TX 78121	Amount of Contribution (\$) \$100.00	Contributor's Principal Occupation		Contributor's Job Title ADMIN	Contributor's employer/law firm		Law firm of contributor's spouse (if any)	If contributor is a child, law firm of parent(s) (if any)		
Date 10/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: GONZALES, RACHAEL ..... Contributor address; City; State; Zip Code  LA VERNIA, TX 78121	Amount of Contribution (\$) \$100.00												
Contributor's Principal Occupation		Contributor's Job Title ADMIN												
Contributor's employer/law firm		Law firm of contributor's spouse (if any)												
If contributor is a child, law firm of parent(s) (if any)														

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 12/36 Rpt: 15/78
<b>2</b> FILER NAME Trevino, Brenda		<b>3</b> Filer ID
<b>4</b> Date 08/25/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: GRIMM, H.R. ..... <b>6</b> Contributor address; City; State; Zip Code  FLORESVILLE, TX 78114	<b>7</b> Amount of Contribution (\$) \$20.00
<b>8</b> Contributor's Principal Occupation RETIRED		<b>9</b> Contributor's Job Title RETIRED
<b>10</b> Contributor's employer/law firm		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 09/13/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: GUERRA, VICTORIA ..... Contributor address; City; State; Zip Code 2014 3RD ST  FLORESVILLE, TX 78114		Amount of Contribution (\$) \$40.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/25/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: GUERRA, VICTORIA ..... Contributor address; City; State; Zip Code 2014 3RD ST  FLORESVILLE, TX 78114		Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

## MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 13/36 Rpt: 16/78
<b>2</b> FILER NAME Trevino, Brenda		<b>3</b> Filer ID
<b>4</b> Date 07/08/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: GUERRERO, PAMELA ..... <b>6</b> Contributor address; City; State; Zip Code  FLORESVILLE, TX 78114	<b>7</b> Amount of Contribution (\$) \$300.00
<b>8</b> Contributor's Principal Occupation BANKING		<b>9</b> Contributor's Job Title BANKING
<b>10</b> Contributor's employer/law firm		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 09/13/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: GUZMAN, BELINDA ..... Contributor address; City; State; Zip Code  TX
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 11/12/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: HARLEE, TEDDI ..... Contributor address; City; State; Zip Code  TX
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 14/36 Rpt: 17/78
<b>2</b> FILER NAME Trevino, Brenda		<b>3</b> Filer ID
<b>4</b> Date 11/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: HAUSER, TIFFANY ..... <b>6</b> Contributor address; City; State; Zip Code  TX	<b>7</b> Amount of Contribution (\$) \$20.00
<b>8</b> Contributor's Principal Occupation		<b>9</b> Contributor's Job Title
<b>10</b> Contributor's employer/law firm		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 07/10/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: HEATHERLY, SHERRY ..... Contributor address; City; State; Zip Code  FLORESVILLE, TX 78114		Amount of Contribution (\$) \$40.00
Contributor's Principal Occupation RETIRED		Contributor's Job Title RETIRED
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 08/14/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: HENKE, VIOLA ..... Contributor address; City; State; Zip Code 118 COUNTY ROAD 405  FLORESVILLE, TX 78114		Amount of Contribution (\$) \$150.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 15/36 Rpt: 18/78
<b>2</b> FILER NAME Trevino, Brenda		<b>3</b> Filer ID
<b>4</b> Date 10/25/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: HERNANDEZ, ROY ..... <b>6</b> Contributor address; City; State; Zip Code 5298 FM 1681  STOCKDALE, TX 78114	<b>7</b> Amount of Contribution (\$) \$100.00
<b>8</b> Contributor's Principal Occupation TRUCKING	<b>9</b> Contributor's Job Title	
<b>10</b> Contributor's employer/law firm	<b>11</b> Law firm of contributor's spouse (if any)	
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 12/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: HOLCOMBE, JOHN ..... Contributor address; City; State; Zip Code  TX	Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation RETIRED	Contributor's Job Title	
Contributor's employer/law firm	Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)		
Date 09/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: KEYLICH, AUDREY ..... Contributor address; City; State; Zip Code  TX	Amount of Contribution (\$) \$30.00
Contributor's Principal Occupation CCAL	Contributor's Job Title ADMIN	
Contributor's employer/law firm	Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)		

## MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 16/36 Rpt: 19/78												
<b>2</b> FILER NAME Trevino, Brenda		<b>3</b> Filer ID												
<b>4</b> Date 07/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KINCAID, JENNIFER ..... <b>6</b> Contributor address; City; State; Zip Code  FLORESVILLE, TX 78114	<b>7</b> Amount of Contribution (\$) \$300.00												
<b>8</b> Contributor's Principal Occupation HR		<b>9</b> Contributor's Job Title HR												
<b>10</b> Contributor's employer/law firm		<b>11</b> Law firm of contributor's spouse (if any)												
<b>12</b> If contributor is a child, law firm of parent(s) (if any)														
<table border="1"> <tr> <td>Date 10/25/2025</td> <td>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KOTOWSKI, JIM &amp; DONNA ..... Contributor address; City; State; Zip Code 3872 FM 537  FLORESVILLE, TX 78114</td> <td>Amount of Contribution (\$) \$100.00</td> </tr> <tr> <td colspan="2">Contributor's Principal Occupation RETIRED</td> <td>Contributor's Job Title</td> </tr> <tr> <td colspan="2">Contributor's employer/law firm</td> <td>Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="3">If contributor is a child, law firm of parent(s) (if any)</td> </tr> </table>			Date 10/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KOTOWSKI, JIM & DONNA ..... Contributor address; City; State; Zip Code 3872 FM 537  FLORESVILLE, TX 78114	Amount of Contribution (\$) \$100.00	Contributor's Principal Occupation RETIRED		Contributor's Job Title	Contributor's employer/law firm		Law firm of contributor's spouse (if any)	If contributor is a child, law firm of parent(s) (if any)		
Date 10/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KOTOWSKI, JIM & DONNA ..... Contributor address; City; State; Zip Code 3872 FM 537  FLORESVILLE, TX 78114	Amount of Contribution (\$) \$100.00												
Contributor's Principal Occupation RETIRED		Contributor's Job Title												
Contributor's employer/law firm		Law firm of contributor's spouse (if any)												
If contributor is a child, law firm of parent(s) (if any)														
<table border="1"> <tr> <td>Date 10/25/2025</td> <td>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KOTOWSKI, JIM &amp; DONNA ..... Contributor address; City; State; Zip Code 3872 FM 537  FLORESVILLE, TX 78114</td> <td>Amount of Contribution (\$) \$300.00</td> </tr> <tr> <td colspan="2">Contributor's Principal Occupation RETIRED</td> <td>Contributor's Job Title</td> </tr> <tr> <td colspan="2">Contributor's employer/law firm</td> <td>Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="3">If contributor is a child, law firm of parent(s) (if any)</td> </tr> </table>			Date 10/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KOTOWSKI, JIM & DONNA ..... Contributor address; City; State; Zip Code 3872 FM 537  FLORESVILLE, TX 78114	Amount of Contribution (\$) \$300.00	Contributor's Principal Occupation RETIRED		Contributor's Job Title	Contributor's employer/law firm		Law firm of contributor's spouse (if any)	If contributor is a child, law firm of parent(s) (if any)		
Date 10/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KOTOWSKI, JIM & DONNA ..... Contributor address; City; State; Zip Code 3872 FM 537  FLORESVILLE, TX 78114	Amount of Contribution (\$) \$300.00												
Contributor's Principal Occupation RETIRED		Contributor's Job Title												
Contributor's employer/law firm		Law firm of contributor's spouse (if any)												
If contributor is a child, law firm of parent(s) (if any)														

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 17/36 Rpt: 20/78												
<b>2</b> FILER NAME Trevino, Brenda		<b>3</b> Filer ID												
<b>4</b> Date 11/12/2025	<b>5</b> Full name of contributor KOVAR, JOSH .....  <b>6</b> Contributor address; City; State; Zip Code  TX	<b>7</b> Amount of Contribution (\$) \$10.00												
<b>8</b> Contributor's Principal Occupation		<b>9</b> Contributor's Job Title												
<b>10</b> Contributor's employer/law firm		<b>11</b> Law firm of contributor's spouse (if any)												
<b>12</b> If contributor is a child, law firm of parent(s) (if any)														
<table border="1"> <tr> <td>Date 09/09/2025</td> <td> Full name of contributor LABUS, KRISTIN .....   Contributor address; City; State; Zip Code  POTH, TX 78147 </td> <td> Amount of Contribution (\$) \$50.00 </td> </tr> <tr> <td colspan="2"> Contributor's Principal Occupation AUDITOR </td> <td> Contributor's Job Title ASST. AUDITOR </td> </tr> <tr> <td colspan="2"> Contributor's employer/law firm </td> <td> Law firm of contributor's spouse (if any) </td> </tr> <tr> <td colspan="3"> If contributor is a child, law firm of parent(s) (if any) </td> </tr> </table>			Date 09/09/2025	Full name of contributor LABUS, KRISTIN .....  Contributor address; City; State; Zip Code  POTH, TX 78147	Amount of Contribution (\$) \$50.00	Contributor's Principal Occupation AUDITOR		Contributor's Job Title ASST. AUDITOR	Contributor's employer/law firm		Law firm of contributor's spouse (if any)	If contributor is a child, law firm of parent(s) (if any)		
Date 09/09/2025	Full name of contributor LABUS, KRISTIN .....  Contributor address; City; State; Zip Code  POTH, TX 78147	Amount of Contribution (\$) \$50.00												
Contributor's Principal Occupation AUDITOR		Contributor's Job Title ASST. AUDITOR												
Contributor's employer/law firm		Law firm of contributor's spouse (if any)												
If contributor is a child, law firm of parent(s) (if any)														
<table border="1"> <tr> <td>Date 08/02/2025</td> <td> Full name of contributor MARTINEZ, ROBERT .....   Contributor address; City; State; Zip Code  CONVERSE, TX 78222 </td> <td> Amount of Contribution (\$) \$200.00 </td> </tr> <tr> <td colspan="2"> Contributor's Principal Occupation LNA </td> <td> Contributor's Job Title LNA </td> </tr> <tr> <td colspan="2"> Contributor's employer/law firm </td> <td> Law firm of contributor's spouse (if any) </td> </tr> <tr> <td colspan="3"> If contributor is a child, law firm of parent(s) (if any) </td> </tr> </table>			Date 08/02/2025	Full name of contributor MARTINEZ, ROBERT .....  Contributor address; City; State; Zip Code  CONVERSE, TX 78222	Amount of Contribution (\$) \$200.00	Contributor's Principal Occupation LNA		Contributor's Job Title LNA	Contributor's employer/law firm		Law firm of contributor's spouse (if any)	If contributor is a child, law firm of parent(s) (if any)		
Date 08/02/2025	Full name of contributor MARTINEZ, ROBERT .....  Contributor address; City; State; Zip Code  CONVERSE, TX 78222	Amount of Contribution (\$) \$200.00												
Contributor's Principal Occupation LNA		Contributor's Job Title LNA												
Contributor's employer/law firm		Law firm of contributor's spouse (if any)												
If contributor is a child, law firm of parent(s) (if any)														

## MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 18/36 Rpt: 21/78
<b>2</b> FILER NAME Trevino, Brenda		<b>3</b> Filer ID
<b>4</b> Date 10/25/2025	<b>5</b> Full name of contributor MARTINEZ, ROBERT ..... <b>6</b> Contributor address; City; State; Zip Code  CONVERSE, TX	<b>7</b> Amount of Contribution (\$) \$200.00
<b>8</b> Contributor's Principal Occupation LNA		<b>9</b> Contributor's Job Title
<b>10</b> Contributor's employer/law firm		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
 Date 09/12/2025  Full name of contributor MATHEAUS, AMANDA ..... Contributor address; City; State; Zip Code  TX		Amount of Contribution (\$) \$50.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
 Date 09/13/2025  Full name of contributor MATHEAUS, AMANDA ..... Contributor address; City; State; Zip Code  TX		Amount of Contribution (\$) \$5.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

## MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 19/36 Rpt: 22/78
<b>2</b> FILER NAME Trevino, Brenda		<b>3</b> Filer ID
<b>4</b> Date 09/13/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MORIN, EUGENE ..... <b>6</b> Contributor address; City; State; Zip Code 1208 S 3RD ST  FLORESVILLE, TX 78114	<b>7</b> Amount of Contribution (\$) \$100.00
<b>8</b> Contributor's Principal Occupation		<b>9</b> Contributor's Job Title
<b>10</b> Contributor's employer/law firm		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 10/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MORIN, RAY & RACHEL ..... Contributor address; City; State; Zip Code  FLORESVILLE, TX 78114	Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation OWNER/OPERATOR		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: NIETO, DAVID ..... Contributor address; City; State; Zip Code  TX	Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

## MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 20/36 Rpt: 23/78
<b>2</b> FILER NAME Trevino, Brenda		<b>3</b> Filer ID
<b>4</b> Date 10/25/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: PALACIOS, CAROLYN ..... <b>6</b> Contributor address; City; State; Zip Code  FLORESVILLE, TX 78114	<b>7</b> Amount of Contribution (\$) \$95.00
<b>8</b> Contributor's Principal Occupation ADMIN		<b>9</b> Contributor's Job Title ADMIN
<b>10</b> Contributor's employer/law firm		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
<b>Date</b> 07/01/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: PALACIOS, JONI ..... <b>Contributor address; City; State; Zip Code</b>  POTH, TX 78147	<b>Amount of Contribution (\$)</b> \$100.00
Contributor's Principal Occupation IDC		Contributor's Job Title IDC
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
<b>Date</b> 09/13/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: PALACIOS, JONI ..... <b>Contributor address; City; State; Zip Code</b>  POTH, TX 78147	<b>Amount of Contribution (\$)</b> \$40.00
Contributor's Principal Occupation IDC		Contributor's Job Title IDC
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 21/36 Rpt: 24/78
<b>2</b> FILER NAME Trevino, Brenda		<b>3</b> Filer ID
<b>4</b> Date 10/21/2025	<b>5</b> Full name of contributor PALACIOS, JONI	<b>6</b> Contributor address; City; State; Zip Code  POTH, TX 78147
	<b>7</b> Amount of Contribution (\$) \$125.00	
<b>8</b> Contributor's Principal Occupation IDC		<b>9</b> Contributor's Job Title
<b>10</b> Contributor's employer/law firm		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
<b>Date</b> 10/24/2025	<b>Full name of contributor</b> PALACIOS, JONI	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Contributor address; City; State; Zip Code</b>  POTH, TX 78147	
<b>Contributor's Principal Occupation</b> IDC		<b>Contributor's Job Title</b>
<b>Contributor's employer/law firm</b>		<b>Law firm of contributor's spouse (if any)</b>
<b>If contributor is a child, law firm of parent(s) (if any)</b>		
<b>Date</b> 10/25/2025	<b>Full name of contributor</b> PALACIOS, JONI	<b>Amount of Contribution (\$)</b> \$220.00
	<b>Contributor address; City; State; Zip Code</b>  POTH, TX 78147	
<b>Contributor's Principal Occupation</b> IDC		<b>Contributor's Job Title</b>
<b>Contributor's employer/law firm</b>		<b>Law firm of contributor's spouse (if any)</b>
<b>If contributor is a child, law firm of parent(s) (if any)</b>		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

**The Instruction Guide explains how to complete this form.**

**1 Total pages Schedule A(J)1:  
Sch: 22/36 Rpt: 25/78**

<b>2 FILER NAME</b> Trevino, Brenda		<b>3 Filer ID</b>												
<b>4 Date</b> 09/13/2025	<b>5 Full name of contributor</b> PALACIOS, MADELYN ..... <b>6 Contributor address; City; State; Zip Code</b>  TX	<b>7 Amount of Contribution (\$)</b> \$20.00												
<b>8 Contributor's Principal Occupation</b>  TX		<b>9 Contributor's Job Title</b>												
<b>10 Contributor's employer/law firm</b>		<b>11 Law firm of contributor's spouse (if any)</b>												
<b>12 If contributor is a child, law firm of parent(s) (if any)</b>														
<table border="1"> <tr> <td><b>Date</b> 10/21/2025</td> <td><b>Full name of contributor</b> PALACIOS, MADELYN ..... <b>Contributor address; City; State; Zip Code</b>  POTH, TX 78147</td> <td><b>Amount of Contribution (\$)</b> \$126.00</td> </tr> <tr> <td colspan="2"><b>Contributor's Principal Occupation</b> THERAPIST</td> <td><b>Contributor's Job Title</b></td> </tr> <tr> <td colspan="2"><b>Contributor's employer/law firm</b></td> <td><b>Law firm of contributor's spouse (if any)</b></td> </tr> <tr> <td colspan="3"><b>If contributor is a child, law firm of parent(s) (if any)</b></td> </tr> </table>			<b>Date</b> 10/21/2025	<b>Full name of contributor</b> PALACIOS, MADELYN ..... <b>Contributor address; City; State; Zip Code</b>  POTH, TX 78147	<b>Amount of Contribution (\$)</b> \$126.00	<b>Contributor's Principal Occupation</b> THERAPIST		<b>Contributor's Job Title</b>	<b>Contributor's employer/law firm</b>		<b>Law firm of contributor's spouse (if any)</b>	<b>If contributor is a child, law firm of parent(s) (if any)</b>		
<b>Date</b> 10/21/2025	<b>Full name of contributor</b> PALACIOS, MADELYN ..... <b>Contributor address; City; State; Zip Code</b>  POTH, TX 78147	<b>Amount of Contribution (\$)</b> \$126.00												
<b>Contributor's Principal Occupation</b> THERAPIST		<b>Contributor's Job Title</b>												
<b>Contributor's employer/law firm</b>		<b>Law firm of contributor's spouse (if any)</b>												
<b>If contributor is a child, law firm of parent(s) (if any)</b>														
<table border="1"> <tr> <td><b>Date</b> 10/21/2025</td> <td><b>Full name of contributor</b> PALACIOS, MADELYN ..... <b>Contributor address; City; State; Zip Code</b>  POTH, TX 78147</td> <td><b>Amount of Contribution (\$)</b> \$125.00</td> </tr> <tr> <td colspan="2"><b>Contributor's Principal Occupation</b> THERAPIST</td> <td><b>Contributor's Job Title</b></td> </tr> <tr> <td colspan="2"><b>Contributor's employer/law firm</b></td> <td><b>Law firm of contributor's spouse (if any)</b></td> </tr> <tr> <td colspan="3"><b>If contributor is a child, law firm of parent(s) (if any)</b></td> </tr> </table>			<b>Date</b> 10/21/2025	<b>Full name of contributor</b> PALACIOS, MADELYN ..... <b>Contributor address; City; State; Zip Code</b>  POTH, TX 78147	<b>Amount of Contribution (\$)</b> \$125.00	<b>Contributor's Principal Occupation</b> THERAPIST		<b>Contributor's Job Title</b>	<b>Contributor's employer/law firm</b>		<b>Law firm of contributor's spouse (if any)</b>	<b>If contributor is a child, law firm of parent(s) (if any)</b>		
<b>Date</b> 10/21/2025	<b>Full name of contributor</b> PALACIOS, MADELYN ..... <b>Contributor address; City; State; Zip Code</b>  POTH, TX 78147	<b>Amount of Contribution (\$)</b> \$125.00												
<b>Contributor's Principal Occupation</b> THERAPIST		<b>Contributor's Job Title</b>												
<b>Contributor's employer/law firm</b>		<b>Law firm of contributor's spouse (if any)</b>												
<b>If contributor is a child, law firm of parent(s) (if any)</b>														

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 23/36 Rpt: 26/78												
<b>2</b> FILER NAME Trevino, Brenda		<b>3</b> Filer ID												
<b>4</b> Date 10/25/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PALACIOS, MADELYN ..... <b>6</b> Contributor address; City; State; Zip Code  POTH, TX 78114	<b>7</b> Amount of Contribution (\$) \$75.00												
<b>8</b> Contributor's Principal Occupation THERAPIST		<b>9</b> Contributor's Job Title												
<b>10</b> Contributor's employer/law firm		<b>11</b> Law firm of contributor's spouse (if any)												
<b>12</b> If contributor is a child, law firm of parent(s) (if any)														
<table border="1"> <tr> <td>Date 10/25/2025</td> <td>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PAWELEK, RONALD &amp; THERESA ..... Contributor address; City; State; Zip Code 779 CR 304  FLORESVILLE, TX 78114</td> <td>Amount of Contribution (\$) \$100.00</td> </tr> <tr> <td colspan="2">Contributor's Principal Occupation RETIRED</td> <td>Contributor's Job Title</td> </tr> <tr> <td colspan="2">Contributor's employer/law firm</td> <td>Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="3">If contributor is a child, law firm of parent(s) (if any)</td> </tr> </table>			Date 10/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PAWELEK, RONALD & THERESA ..... Contributor address; City; State; Zip Code 779 CR 304  FLORESVILLE, TX 78114	Amount of Contribution (\$) \$100.00	Contributor's Principal Occupation RETIRED		Contributor's Job Title	Contributor's employer/law firm		Law firm of contributor's spouse (if any)	If contributor is a child, law firm of parent(s) (if any)		
Date 10/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PAWELEK, RONALD & THERESA ..... Contributor address; City; State; Zip Code 779 CR 304  FLORESVILLE, TX 78114	Amount of Contribution (\$) \$100.00												
Contributor's Principal Occupation RETIRED		Contributor's Job Title												
Contributor's employer/law firm		Law firm of contributor's spouse (if any)												
If contributor is a child, law firm of parent(s) (if any)														
<table border="1"> <tr> <td>Date 09/08/2025</td> <td>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) POLITICAL CONTRIBUTION-BURGER PLATE SALES, CASH ..... Contributor address; City; State; Zip Code TX</td> <td>Amount of Contribution (\$) \$2,000.00</td> </tr> <tr> <td colspan="2">Contributor's Principal Occupation</td> <td>Contributor's Job Title</td> </tr> <tr> <td colspan="2">Contributor's employer/law firm</td> <td>Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="3">If contributor is a child, law firm of parent(s) (if any)</td> </tr> </table>			Date 09/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) POLITICAL CONTRIBUTION-BURGER PLATE SALES, CASH ..... Contributor address; City; State; Zip Code TX	Amount of Contribution (\$) \$2,000.00	Contributor's Principal Occupation		Contributor's Job Title	Contributor's employer/law firm		Law firm of contributor's spouse (if any)	If contributor is a child, law firm of parent(s) (if any)		
Date 09/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) POLITICAL CONTRIBUTION-BURGER PLATE SALES, CASH ..... Contributor address; City; State; Zip Code TX	Amount of Contribution (\$) \$2,000.00												
Contributor's Principal Occupation		Contributor's Job Title												
Contributor's employer/law firm		Law firm of contributor's spouse (if any)												
If contributor is a child, law firm of parent(s) (if any)														

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 24/36 Rpt: 27/78												
<b>2</b> FILER NAME Trevino, Brenda		<b>3</b> Filer ID												
<b>4</b> Date 09/13/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: POLITICAL CONTRIBUTION-BURGER PLATE SALES, CASH ..... <b>6</b> Contributor address; City; State; Zip Code  TX	<b>7</b> Amount of Contribution (\$) \$3,638.00												
<b>8</b> Contributor's Principal Occupation		<b>9</b> Contributor's Job Title												
<b>10</b> Contributor's employer/law firm		<b>11</b> Law firm of contributor's spouse (if any)												
<b>12</b> If contributor is a child, law firm of parent(s) (if any)														
<table border="1"> <tr> <td>Date 09/13/2025</td> <td>           Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:            QUINTANILLA, SYLVIA            .....            Contributor address; City; State; Zip Code            PO BOX 562              STOCKDALE, TX 78114         </td> <td>           Amount of Contribution (\$)            \$200.00         </td> </tr> <tr> <td colspan="2">           Contributor's Principal Occupation            OWNER         </td> <td>           Contributor's Job Title         </td> </tr> <tr> <td colspan="2">           Contributor's employer/law firm         </td> <td>           Law firm of contributor's spouse (if any)         </td> </tr> <tr> <td colspan="3">           If contributor is a child, law firm of parent(s) (if any)         </td> </tr> </table>			Date 09/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: QUINTANILLA, SYLVIA ..... Contributor address; City; State; Zip Code PO BOX 562  STOCKDALE, TX 78114	Amount of Contribution (\$) \$200.00	Contributor's Principal Occupation OWNER		Contributor's Job Title	Contributor's employer/law firm		Law firm of contributor's spouse (if any)	If contributor is a child, law firm of parent(s) (if any)		
Date 09/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: QUINTANILLA, SYLVIA ..... Contributor address; City; State; Zip Code PO BOX 562  STOCKDALE, TX 78114	Amount of Contribution (\$) \$200.00												
Contributor's Principal Occupation OWNER		Contributor's Job Title												
Contributor's employer/law firm		Law firm of contributor's spouse (if any)												
If contributor is a child, law firm of parent(s) (if any)														
<table border="1"> <tr> <td>Date 09/12/2025</td> <td>           Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:            QUINTANILLA, SYLVIA            .....            Contributor address; City; State; Zip Code            PO BOX 562              STOCKDALE, TX 78114         </td> <td>           Amount of Contribution (\$)            \$1,000.00         </td> </tr> <tr> <td colspan="2">           Contributor's Principal Occupation            OWNER         </td> <td>           Contributor's Job Title         </td> </tr> <tr> <td colspan="2">           Contributor's employer/law firm         </td> <td>           Law firm of contributor's spouse (if any)         </td> </tr> <tr> <td colspan="3">           If contributor is a child, law firm of parent(s) (if any)         </td> </tr> </table>			Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: QUINTANILLA, SYLVIA ..... Contributor address; City; State; Zip Code PO BOX 562  STOCKDALE, TX 78114	Amount of Contribution (\$) \$1,000.00	Contributor's Principal Occupation OWNER		Contributor's Job Title	Contributor's employer/law firm		Law firm of contributor's spouse (if any)	If contributor is a child, law firm of parent(s) (if any)		
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: QUINTANILLA, SYLVIA ..... Contributor address; City; State; Zip Code PO BOX 562  STOCKDALE, TX 78114	Amount of Contribution (\$) \$1,000.00												
Contributor's Principal Occupation OWNER		Contributor's Job Title												
Contributor's employer/law firm		Law firm of contributor's spouse (if any)												
If contributor is a child, law firm of parent(s) (if any)														

## MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 25/36 Rpt: 28/78												
<b>2</b> FILER NAME Trevino, Brenda		<b>3</b> Filer ID												
<b>4</b> Date 09/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) QUINTANILLA, SYLVIA ..... <b>6</b> Contributor address; City; State; Zip Code PO BOX 562  STOCKDALE, TX 78114	<b>7</b> Amount of Contribution (\$) \$1,000.00												
<b>8</b> Contributor's Principal Occupation OWNER		<b>9</b> Contributor's Job Title												
<b>10</b> Contributor's employer/law firm		<b>11</b> Law firm of contributor's spouse (if any)												
<b>12</b> If contributor is a child, law firm of parent(s) (if any)														
<table border="1"> <tr> <td>Date 09/13/2025</td> <td>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) QUIROZ, BRANDON ..... Contributor address; City; State; Zip Code  TX</td> <td>Amount of Contribution (\$) \$10.00</td> </tr> <tr> <td colspan="2">Contributor's Principal Occupation</td> <td>Contributor's Job Title</td> </tr> <tr> <td colspan="2">Contributor's employer/law firm</td> <td>Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="3">If contributor is a child, law firm of parent(s) (if any)</td> </tr> </table>			Date 09/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) QUIROZ, BRANDON ..... Contributor address; City; State; Zip Code  TX	Amount of Contribution (\$) \$10.00	Contributor's Principal Occupation		Contributor's Job Title	Contributor's employer/law firm		Law firm of contributor's spouse (if any)	If contributor is a child, law firm of parent(s) (if any)		
Date 09/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) QUIROZ, BRANDON ..... Contributor address; City; State; Zip Code  TX	Amount of Contribution (\$) \$10.00												
Contributor's Principal Occupation		Contributor's Job Title												
Contributor's employer/law firm		Law firm of contributor's spouse (if any)												
If contributor is a child, law firm of parent(s) (if any)														
<table border="1"> <tr> <td>Date 11/13/2025</td> <td>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RAMIREZ, ROSALINDA ..... Contributor address; City; State; Zip Code  TX</td> <td>Amount of Contribution (\$) \$50.00</td> </tr> <tr> <td colspan="2">Contributor's Principal Occupation</td> <td>Contributor's Job Title</td> </tr> <tr> <td colspan="2">Contributor's employer/law firm</td> <td>Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="3">If contributor is a child, law firm of parent(s) (if any)</td> </tr> </table>			Date 11/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RAMIREZ, ROSALINDA ..... Contributor address; City; State; Zip Code  TX	Amount of Contribution (\$) \$50.00	Contributor's Principal Occupation		Contributor's Job Title	Contributor's employer/law firm		Law firm of contributor's spouse (if any)	If contributor is a child, law firm of parent(s) (if any)		
Date 11/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RAMIREZ, ROSALINDA ..... Contributor address; City; State; Zip Code  TX	Amount of Contribution (\$) \$50.00												
Contributor's Principal Occupation		Contributor's Job Title												
Contributor's employer/law firm		Law firm of contributor's spouse (if any)												
If contributor is a child, law firm of parent(s) (if any)														

## MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 26/36 Rpt: 29/78	
<b>2</b> FILER NAME Trevino, Brenda		<b>3</b> Filer ID	
<b>4</b> Date 09/13/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: RITZEN, CYNTHIA ..... <b>6</b> Contributor address; City; State; Zip Code  FLORESVILLE, TX 78114	<b>7</b> Amount of Contribution (\$)  \$140.00	
<b>8</b> Contributor's Principal Occupation		<b>9</b> Contributor's Job Title	
<b>10</b> Contributor's employer/law firm		<b>11</b> Law firm of contributor's spouse (if any)	
<b>12</b> If contributor is a child, law firm of parent(s) (if any)			
<b>Date</b> 08/26/2025		<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: RODRIGUEZ, ANGELICA ..... <b>Contributor address; City; State; Zip Code</b> 1403 S 2ND ST  FLORESVILLE, TX 78114	<b>Amount of Contribution (\$)</b>  \$20.00
Contributor's Principal Occupation		Contributor's Job Title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
<b>Date</b> 09/01/2025		<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: RODRIGUEZ, GABRIEL ..... <b>Contributor address; City; State; Zip Code</b>  POTH, TX 78147	<b>Amount of Contribution (\$)</b>  \$20.00
Contributor's Principal Occupation BUS OWNER		Contributor's Job Title OWNER	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 27/36 Rpt: 30/78
<b>2</b> FILER NAME Trevino, Brenda		<b>3</b> Filer ID
<b>4</b> Date 09/13/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: RODRIGUEZ, GABRIEL ..... <b>6</b> Contributor address; City; State; Zip Code  POTH, TX 78147	<b>7</b> Amount of Contribution (\$) \$50.00
<b>8</b> Contributor's Principal Occupation OWNER		<b>9</b> Contributor's Job Title OWNER
<b>10</b> Contributor's employer/law firm		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 10/18/2025  Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: RODRIGUEZ, GABRIEL ..... Contributor address; City; State; Zip Code PO BOX 693  POTH, TX 78147		Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation OWNER		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/25/2025  Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: RODRIGUEZ, GABRIEL ..... Contributor address; City; State; Zip Code PO BOX 693  POTH, TX 78147		Amount of Contribution (\$) \$1,325.00
Contributor's Principal Occupation OWNER		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

**The Instruction Guide explains how to complete this form.**

**2 FILER NAME**

Trevino, Brenda

**4 Date**

08/25/2025

**5 Full name of contributor**

RODRIGUEZ, RUBY

out-of-state PAC (ID#: \_\_\_\_\_)

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

1602 A STREET

FLORESVILLE, TX 78114

**8 Contributor's Principal Occupation**

**9 Contributor's Job Title**

**10 Contributor's employer/law firm**

**11 Law firm of contributor's spouse (if any)**

**12 If contributor is a child, law firm of parent(s) (if any)**

Date

09/13/2025

Full name of contributor

RODRIGUEZ, RUBY

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of Contribution (\$)

\$50.00

Contributor address; City; State; Zip Code

1602 A ST

FLORESVILLE, TX 78114

Contributor's Principal Occupation

Contributor's Job Title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

09/06/2025

Full name of contributor

ROGERS, RHEA NELL

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of Contribution (\$)

\$200.00

Contributor address; City; State; Zip Code

FLORESVILLE, TX 78114

Contributor's Principal Occupation

RETIRED

Contributor's Job Title

RETIRED

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

## MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 29/36 Rpt: 32/78
<b>2</b> FILER NAME Trevino, Brenda		<b>3</b> Filer ID
<b>4</b> Date 08/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: SCEE, DONALD ..... <b>6</b> Contributor address; City; State; Zip Code  FLORESVILLE, TX 78114	<b>7</b> Amount of Contribution (\$) \$20.00
<b>8</b> Contributor's Principal Occupation LEO		<b>9</b> Contributor's Job Title LEO
<b>10</b> Contributor's employer/law firm		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
 <b>Date</b> 10/25/2025  <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: SEITZ, DEAN & MARGARET ..... <b>Contributor address; City; State; Zip Code</b> PO BOX 66  HARWOOD, TX 78632		<b>Amount of Contribution (\$)</b> \$1,500.00
 <b>Contributor's Principal Occupation</b> OWNER		<b>Contributor's Job Title</b>
 <b>Contributor's employer/law firm</b>		<b>Law firm of contributor's spouse (if any)</b>
 <b>If contributor is a child, law firm of parent(s) (if any)</b>		
 <b>Date</b> 09/12/2025  <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: SILVA, ROXANNE ..... <b>Contributor address; City; State; Zip Code</b>  TX		<b>Amount of Contribution (\$)</b> \$20.00
 <b>Contributor's Principal Occupation</b>		<b>Contributor's Job Title</b>
 <b>Contributor's employer/law firm</b>		<b>Law firm of contributor's spouse (if any)</b>
 <b>If contributor is a child, law firm of parent(s) (if any)</b>		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 30/36 Rpt: 33/78												
<b>2</b> FILER NAME Trevino, Brenda		<b>3</b> Filer ID												
<b>4</b> Date 09/07/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: TALAMANTEZ, BEN ..... <b>6</b> Contributor address; City; State; Zip Code 1373 CR 128  FLORESVILLE, TX 78114	<b>7</b> Amount of Contribution (\$) \$500.00												
<b>8</b> Contributor's Principal Occupation OWNER		<b>9</b> Contributor's Job Title OWNER												
<b>10</b> Contributor's employer/law firm		<b>11</b> Law firm of contributor's spouse (if any)												
<b>12</b> If contributor is a child, law firm of parent(s) (if any)														
<table border="1"> <tr> <td>Date 09/25/2025</td> <td> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: TALAMANTEZ, BEN ..... Contributor address; City; State; Zip Code 1373 COUNTY ROAD 128  FLORESVILLE, TX 78114 </td> <td>Amount of Contribution (\$) \$1,000.00</td> </tr> <tr> <td colspan="2"> Contributor's Principal Occupation OWNER </td> <td>Contributor's Job Title OWNER</td> </tr> <tr> <td colspan="2"> Contributor's employer/law firm </td> <td>Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="3"> If contributor is a child, law firm of parent(s) (if any) </td> </tr> </table>			Date 09/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: TALAMANTEZ, BEN ..... Contributor address; City; State; Zip Code 1373 COUNTY ROAD 128  FLORESVILLE, TX 78114	Amount of Contribution (\$) \$1,000.00	Contributor's Principal Occupation OWNER		Contributor's Job Title OWNER	Contributor's employer/law firm		Law firm of contributor's spouse (if any)	If contributor is a child, law firm of parent(s) (if any)		
Date 09/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: TALAMANTEZ, BEN ..... Contributor address; City; State; Zip Code 1373 COUNTY ROAD 128  FLORESVILLE, TX 78114	Amount of Contribution (\$) \$1,000.00												
Contributor's Principal Occupation OWNER		Contributor's Job Title OWNER												
Contributor's employer/law firm		Law firm of contributor's spouse (if any)												
If contributor is a child, law firm of parent(s) (if any)														
<table border="1"> <tr> <td>Date 10/25/2025</td> <td> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: TALAMANTEZ, BEN ..... Contributor address; City; State; Zip Code 1373 CR 128  FLORESVILLE, TX 78114 </td> <td>Amount of Contribution (\$) \$185.00</td> </tr> <tr> <td colspan="2"> Contributor's Principal Occupation OWNER </td> <td>Contributor's Job Title</td> </tr> <tr> <td colspan="2"> Contributor's employer/law firm </td> <td>Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="3"> If contributor is a child, law firm of parent(s) (if any) </td> </tr> </table>			Date 10/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: TALAMANTEZ, BEN ..... Contributor address; City; State; Zip Code 1373 CR 128  FLORESVILLE, TX 78114	Amount of Contribution (\$) \$185.00	Contributor's Principal Occupation OWNER		Contributor's Job Title	Contributor's employer/law firm		Law firm of contributor's spouse (if any)	If contributor is a child, law firm of parent(s) (if any)		
Date 10/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: TALAMANTEZ, BEN ..... Contributor address; City; State; Zip Code 1373 CR 128  FLORESVILLE, TX 78114	Amount of Contribution (\$) \$185.00												
Contributor's Principal Occupation OWNER		Contributor's Job Title												
Contributor's employer/law firm		Law firm of contributor's spouse (if any)												
If contributor is a child, law firm of parent(s) (if any)														

## MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 31/36 Rpt: 34/78
<b>2</b> FILER NAME Trevino, Brenda		<b>3</b> Filer ID
<b>4</b> Date 09/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: TALAMANTEZ, CHRISTOPHER ..... <b>6</b> Contributor address; City; State; Zip Code 1303 LONGHORN  FLORESVILLE, TX 78114	<b>7</b> Amount of Contribution (\$) \$40.00
<b>8</b> Contributor's Principal Occupation		<b>9</b> Contributor's Job Title
<b>10</b> Contributor's employer/law firm		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
 <b>Date</b> 09/13/2025  <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: TAYLOR, TERRY ..... <b>Contributor address; City; State; Zip Code</b>  TX		<b>Amount of Contribution (\$)</b> \$10.00
<b>Contributor's Principal Occupation</b>		<b>Contributor's Job Title</b>
<b>Contributor's employer/law firm</b>		<b>Law firm of contributor's spouse (if any)</b>
<b>If contributor is a child, law firm of parent(s) (if any)</b>		
 <b>Date</b> 10/25/2025  <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: THORN, BARBARA ..... <b>Contributor address; City; State; Zip Code</b>  TX		<b>Amount of Contribution (\$)</b> \$363.79
<b>Contributor's Principal Occupation</b>		<b>Contributor's Job Title</b>
<b>Contributor's employer/law firm</b>		<b>Law firm of contributor's spouse (if any)</b>
<b>If contributor is a child, law firm of parent(s) (if any)</b>		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 32/36 Rpt: 35/78												
<b>2</b> FILER NAME Trevino, Brenda		<b>3</b> Filer ID												
<b>4</b> Date 10/25/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: TRAFFORD, TAYLOR .....  <b>6</b> Contributor address; City; State; Zip Code  TX	<b>7</b> Amount of Contribution (\$) \$230.00												
<b>8</b> Contributor's Principal Occupation		<b>9</b> Contributor's Job Title												
<b>10</b> Contributor's employer/law firm		<b>11</b> Law firm of contributor's spouse (if any)												
<b>12</b> If contributor is a child, law firm of parent(s) (if any)														
<table border="1"> <tr> <td>Date 07/01/2025</td> <td> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: TREVINO, CATHY .....  Contributor address; City; State; Zip Code  FLORESVILLE, TX 78114 </td> <td>Amount of Contribution (\$) \$300.00</td> </tr> <tr> <td colspan="2"> Contributor's Principal Occupation BANKING </td> <td> Contributor's Job Title BANKER </td> </tr> <tr> <td colspan="2"> Contributor's employer/law firm </td> <td> Law firm of contributor's spouse (if any) </td> </tr> <tr> <td colspan="3"> If contributor is a child, law firm of parent(s) (if any) </td> </tr> </table>			Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: TREVINO, CATHY .....  Contributor address; City; State; Zip Code  FLORESVILLE, TX 78114	Amount of Contribution (\$) \$300.00	Contributor's Principal Occupation BANKING		Contributor's Job Title BANKER	Contributor's employer/law firm		Law firm of contributor's spouse (if any)	If contributor is a child, law firm of parent(s) (if any)		
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: TREVINO, CATHY .....  Contributor address; City; State; Zip Code  FLORESVILLE, TX 78114	Amount of Contribution (\$) \$300.00												
Contributor's Principal Occupation BANKING		Contributor's Job Title BANKER												
Contributor's employer/law firm		Law firm of contributor's spouse (if any)												
If contributor is a child, law firm of parent(s) (if any)														
<table border="1"> <tr> <td>Date 09/13/2025</td> <td> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: TREVINO, DANNY .....  Contributor address; City; State; Zip Code 1704 HICKORY  FLORESVILLE, TX 78114 </td> <td>Amount of Contribution (\$) \$40.00</td> </tr> <tr> <td colspan="2"> Contributor's Principal Occupation </td> <td> Contributor's Job Title </td> </tr> <tr> <td colspan="2"> Contributor's employer/law firm </td> <td> Law firm of contributor's spouse (if any) </td> </tr> <tr> <td colspan="3"> If contributor is a child, law firm of parent(s) (if any) </td> </tr> </table>			Date 09/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: TREVINO, DANNY .....  Contributor address; City; State; Zip Code 1704 HICKORY  FLORESVILLE, TX 78114	Amount of Contribution (\$) \$40.00	Contributor's Principal Occupation		Contributor's Job Title	Contributor's employer/law firm		Law firm of contributor's spouse (if any)	If contributor is a child, law firm of parent(s) (if any)		
Date 09/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: TREVINO, DANNY .....  Contributor address; City; State; Zip Code 1704 HICKORY  FLORESVILLE, TX 78114	Amount of Contribution (\$) \$40.00												
Contributor's Principal Occupation		Contributor's Job Title												
Contributor's employer/law firm		Law firm of contributor's spouse (if any)												
If contributor is a child, law firm of parent(s) (if any)														

## MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 33/36 Rpt: 36/78												
<b>2</b> FILER NAME Trevino, Brenda		<b>3</b> Filer ID												
<b>4</b> Date 10/25/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TREVINO, JOSIE ..... <b>6</b> Contributor address; City; State; Zip Code  FLORESVILLE, TX 78114	<b>7</b> Amount of Contribution (\$) \$60.00												
<b>8</b> Contributor's Principal Occupation HEB		<b>9</b> Contributor's Job Title												
<b>10</b> Contributor's employer/law firm		<b>11</b> Law firm of contributor's spouse (if any)												
<b>12</b> If contributor is a child, law firm of parent(s) (if any)														
<table border="1"> <tr> <td>Date 09/11/2025</td> <td>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TREVINO, JOSIE ..... Contributor address; City; State; Zip Code 109 SOUTHWOOD OAKS  FLORESVILLE, TX 78114</td> <td>Amount of Contribution (\$) \$50.00</td> </tr> <tr> <td colspan="2">Contributor's Principal Occupation</td> <td>Contributor's Job Title</td> </tr> <tr> <td colspan="2">Contributor's employer/law firm</td> <td>Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="3">If contributor is a child, law firm of parent(s) (if any)</td> </tr> </table>			Date 09/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TREVINO, JOSIE ..... Contributor address; City; State; Zip Code 109 SOUTHWOOD OAKS  FLORESVILLE, TX 78114	Amount of Contribution (\$) \$50.00	Contributor's Principal Occupation		Contributor's Job Title	Contributor's employer/law firm		Law firm of contributor's spouse (if any)	If contributor is a child, law firm of parent(s) (if any)		
Date 09/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TREVINO, JOSIE ..... Contributor address; City; State; Zip Code 109 SOUTHWOOD OAKS  FLORESVILLE, TX 78114	Amount of Contribution (\$) \$50.00												
Contributor's Principal Occupation		Contributor's Job Title												
Contributor's employer/law firm		Law firm of contributor's spouse (if any)												
If contributor is a child, law firm of parent(s) (if any)														
<table border="1"> <tr> <td>Date 10/25/2025</td> <td>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TREVINO, ROLAND &amp; DEBBIE ..... Contributor address; City; State; Zip Code  TX</td> <td>Amount of Contribution (\$) \$100.00</td> </tr> <tr> <td colspan="2">Contributor's Principal Occupation</td> <td>Contributor's Job Title</td> </tr> <tr> <td colspan="2">Contributor's employer/law firm</td> <td>Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="3">If contributor is a child, law firm of parent(s) (if any)</td> </tr> </table>			Date 10/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TREVINO, ROLAND & DEBBIE ..... Contributor address; City; State; Zip Code  TX	Amount of Contribution (\$) \$100.00	Contributor's Principal Occupation		Contributor's Job Title	Contributor's employer/law firm		Law firm of contributor's spouse (if any)	If contributor is a child, law firm of parent(s) (if any)		
Date 10/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TREVINO, ROLAND & DEBBIE ..... Contributor address; City; State; Zip Code  TX	Amount of Contribution (\$) \$100.00												
Contributor's Principal Occupation		Contributor's Job Title												
Contributor's employer/law firm		Law firm of contributor's spouse (if any)												
If contributor is a child, law firm of parent(s) (if any)														

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 34/36 Rpt: 37/78												
<b>2</b> FILER NAME Trevino, Brenda		<b>3</b> Filer ID												
<b>4</b> Date 10/09/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TURNER, ANGELA .....  <b>6</b> Contributor address; City; State; Zip Code  TX	<b>7</b> Amount of Contribution (\$) \$100.00												
<b>8</b> Contributor's Principal Occupation		<b>9</b> Contributor's Job Title												
<b>10</b> Contributor's employer/law firm		<b>11</b> Law firm of contributor's spouse (if any)												
<b>12</b> If contributor is a child, law firm of parent(s) (if any)														
<table border="1"> <tr> <td>Date 10/25/2025</td> <td>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TURNER, JASON .....  Contributor address; City; State; Zip Code  TX</td> <td>Amount of Contribution (\$) \$55.00</td> </tr> <tr> <td colspan="2">Contributor's Principal Occupation</td> <td>Contributor's Job Title</td> </tr> <tr> <td colspan="2">Contributor's employer/law firm</td> <td>Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="3">If contributor is a child, law firm of parent(s) (if any)</td> </tr> </table>			Date 10/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TURNER, JASON .....  Contributor address; City; State; Zip Code  TX	Amount of Contribution (\$) \$55.00	Contributor's Principal Occupation		Contributor's Job Title	Contributor's employer/law firm		Law firm of contributor's spouse (if any)	If contributor is a child, law firm of parent(s) (if any)		
Date 10/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TURNER, JASON .....  Contributor address; City; State; Zip Code  TX	Amount of Contribution (\$) \$55.00												
Contributor's Principal Occupation		Contributor's Job Title												
Contributor's employer/law firm		Law firm of contributor's spouse (if any)												
If contributor is a child, law firm of parent(s) (if any)														
<table border="1"> <tr> <td>Date 09/08/2025</td> <td>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VILLARREAL, FRANK .....  Contributor address; City; State; Zip Code  FLORESVILLE, TX 78114</td> <td>Amount of Contribution (\$) \$250.00</td> </tr> <tr> <td colspan="2">Contributor's Principal Occupation RETIRED</td> <td>Contributor's Job Title</td> </tr> <tr> <td colspan="2">Contributor's employer/law firm</td> <td>Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="3">If contributor is a child, law firm of parent(s) (if any)</td> </tr> </table>			Date 09/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VILLARREAL, FRANK .....  Contributor address; City; State; Zip Code  FLORESVILLE, TX 78114	Amount of Contribution (\$) \$250.00	Contributor's Principal Occupation RETIRED		Contributor's Job Title	Contributor's employer/law firm		Law firm of contributor's spouse (if any)	If contributor is a child, law firm of parent(s) (if any)		
Date 09/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VILLARREAL, FRANK .....  Contributor address; City; State; Zip Code  FLORESVILLE, TX 78114	Amount of Contribution (\$) \$250.00												
Contributor's Principal Occupation RETIRED		Contributor's Job Title												
Contributor's employer/law firm		Law firm of contributor's spouse (if any)												
If contributor is a child, law firm of parent(s) (if any)														

## MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 35/36 Rpt: 38/78												
<b>2</b> FILER NAME Trevino, Brenda		<b>3</b> Filer ID												
<b>4</b> Date 09/08/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VILLARREAL, JOHNNY ..... <b>6</b> Contributor address; City; State; Zip Code  FLORESVILLE, TX 78114	<b>7</b> Amount of Contribution (\$) \$100.00												
<b>8</b> Contributor's Principal Occupation		<b>9</b> Contributor's Job Title												
<b>10</b> Contributor's employer/law firm		<b>11</b> Law firm of contributor's spouse (if any)												
<b>12</b> If contributor is a child, law firm of parent(s) (if any)														
<table border="1"> <tr> <td>Date 10/20/2025</td> <td>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) XIMENEZ, MARISSA ..... Contributor address; City; State; Zip Code  FLORESVILLE, TX 78114</td> <td>Amount of Contribution (\$) \$100.00</td> </tr> <tr> <td colspan="2">Contributor's Principal Occupation COUNCIL WOMAN</td> <td>Contributor's Job Title</td> </tr> <tr> <td colspan="2">Contributor's employer/law firm</td> <td>Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="3">If contributor is a child, law firm of parent(s) (if any)</td> </tr> </table>			Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) XIMENEZ, MARISSA ..... Contributor address; City; State; Zip Code  FLORESVILLE, TX 78114	Amount of Contribution (\$) \$100.00	Contributor's Principal Occupation COUNCIL WOMAN		Contributor's Job Title	Contributor's employer/law firm		Law firm of contributor's spouse (if any)	If contributor is a child, law firm of parent(s) (if any)		
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) XIMENEZ, MARISSA ..... Contributor address; City; State; Zip Code  FLORESVILLE, TX 78114	Amount of Contribution (\$) \$100.00												
Contributor's Principal Occupation COUNCIL WOMAN		Contributor's Job Title												
Contributor's employer/law firm		Law firm of contributor's spouse (if any)												
If contributor is a child, law firm of parent(s) (if any)														
<table border="1"> <tr> <td>Date 07/01/2025</td> <td>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) YOW, ELIZABETH ..... Contributor address; City; State; Zip Code  FLORESVILLE, TX 78114</td> <td>Amount of Contribution (\$) \$300.00</td> </tr> <tr> <td colspan="2">Contributor's Principal Occupation ADMIN</td> <td>Contributor's Job Title ADMIN</td> </tr> <tr> <td colspan="2">Contributor's employer/law firm</td> <td>Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="3">If contributor is a child, law firm of parent(s) (if any)</td> </tr> </table>			Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) YOW, ELIZABETH ..... Contributor address; City; State; Zip Code  FLORESVILLE, TX 78114	Amount of Contribution (\$) \$300.00	Contributor's Principal Occupation ADMIN		Contributor's Job Title ADMIN	Contributor's employer/law firm		Law firm of contributor's spouse (if any)	If contributor is a child, law firm of parent(s) (if any)		
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) YOW, ELIZABETH ..... Contributor address; City; State; Zip Code  FLORESVILLE, TX 78114	Amount of Contribution (\$) \$300.00												
Contributor's Principal Occupation ADMIN		Contributor's Job Title ADMIN												
Contributor's employer/law firm		Law firm of contributor's spouse (if any)												
If contributor is a child, law firm of parent(s) (if any)														

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 36/36 Rpt: 39/78
<b>2</b> FILER NAME Trevino, Brenda		<b>3</b> Filer ID
<b>4</b> Date 09/13/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) YOW, ELIZABETH ..... <b>6</b> Contributor address; City; State; Zip Code  FLORESVILLE, TX 78114	<b>7</b> Amount of Contribution (\$) \$30.00
<b>8</b> Contributor's Principal Occupation ADMIN		<b>9</b> Contributor's Job Title
<b>10</b> Contributor's employer/law firm		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 09/14/2025  Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) YOW, ELIZABETH .....  Contributor address; City; State; Zip Code  FLORESVILLE, TX 78114		Amount of Contribution (\$) \$167.00
Contributor's Principal Occupation ADMIN		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/25/2025  Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) YOW, JOHN .....  Contributor address; City; State; Zip Code 152 CR 158  FLORESVILLE, TX 78114		Amount of Contribution (\$) \$3,700.00
Contributor's Principal Occupation OWNER		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

<b>The Instruction Guide explains how to complete this form.</b>				<b>1</b> Total pages Schedule A2: Sch: 1/15 Rpt: 40/78	
<b>2</b> FILER NAME Trevino, Brenda				<b>3</b> Filer ID	
<b>4</b> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS				\$	
<b>5</b> Date 10/25/2025	<b>6</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: BAGGS & BODIFORD, BRADY & LONNIE			<b>8</b> Amount of contribution (\$) \$750.00	<b>9</b> In-kind contribution description 22 MAG RIFLE
	<b>7</b> Contributor address; City; State; Zip Code  FLORESVILLE, TX 78114				
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.					
<b>10</b> Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		<b>11</b> Employer (FOR NON-JUDICIAL) (See instructions)			
<b>12</b> Contributor's principal occupation (FOR JUDICIAL)		<b>13</b> Contributor's job title (FOR JUDICIAL) (See instructions)			
<b>14</b> Contributor's employer/law firm (FOR JUDICIAL)		<b>15</b> Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
<b>16</b> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
<b>Date</b> 10/25/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: BODIFORD, LONNIE			<b>Amount of contribution (\$)</b> \$200.00	<b>In-kind contribution description</b> BOURBON WHISKEY SET
	<b>Contributor address; City; State; Zip Code</b> 236 SOUTHWOOD OAKS  FLORESVILLE, TX 78114				
<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)					
<b>Date</b> 10/25/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: BRIANNE & BRADY, BAGGS			<b>Amount of contribution (\$)</b> \$115.00	<b>In-kind contribution description</b> RTIC COOLER WITH DRINKS AND SNACKS
	<b>Contributor address; City; State; Zip Code</b>  FLORESVILLE, TX 78114				
<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) OWNER		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)					

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

<b>The Instruction Guide explains how to complete this form.</b>				<b>1</b> Total pages Schedule A2: Sch: 2/15 Rpt: 41/78
<b>2</b> FILER NAME Trevino, Brenda				<b>3</b> Filer ID
<b>4</b> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS				\$
<b>5</b> Date 10/25/2025	<b>6</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: CANTU, JOSEPH & COURTNEY		<b>8</b> Amount of contribution (\$)	<b>9</b> In-kind contribution description \$60.00 JON HART BAG
	<b>7</b> Contributor address; City; State; Zip Code  FLORESVILLE, TX 78114		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
<b>10</b> Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		<b>11</b> Employer (FOR NON-JUDICIAL) (See instructions)		
<b>12</b> Contributor's principal occupation (FOR JUDICIAL) ADMIN		<b>13</b> Contributor's job title (FOR JUDICIAL) (See instructions)		
<b>14</b> Contributor's employer/law firm (FOR JUDICIAL)		<b>15</b> Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
<b>16</b> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
<b>Date</b> 10/25/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: FREASIER, BETTY		<b>Amount of contribution (\$)</b>	<b>In-kind contribution description</b> \$110.00 DIGITAL FRAME
	<b>Contributor address; City; State; Zip Code</b> 3815 US HWY 181 N  FLORESVILLE, TX 78114		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
<b>Principal occupation / Job title (FOR NON-JUDICIAL)</b> (See instructions)		<b>Employer (FOR NON-JUDICIAL)</b> (See instructions)		
<b>Contributor's principal occupation (FOR JUDICIAL)</b> OWNER		<b>Contributor's job title (FOR JUDICIAL)</b> (See instructions)		
<b>Contributor's employer/law firm (FOR JUDICIAL)</b>		<b>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</b>		
<b>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</b>				
<b>Date</b> 10/25/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: FREASIER, BETTY		<b>Amount of contribution (\$)</b>	<b>In-kind contribution description</b> \$125.00 TALAVERA POT WITH TEXAS NATIVE PLANTS
	<b>Contributor address; City; State; Zip Code</b> 3815 US HWY 181 N  FLORESVILLE, TX 78114		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
<b>Principal occupation / Job title (FOR NON-JUDICIAL)</b> (See instructions)		<b>Employer (FOR NON-JUDICIAL)</b> (See instructions)		
<b>Contributor's principal occupation (FOR JUDICIAL)</b> OWNER		<b>Contributor's job title (FOR JUDICIAL)</b> (See instructions)		
<b>Contributor's employer/law firm (FOR JUDICIAL)</b>		<b>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</b>		
<b>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</b>				

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A2: Sch: 3/15 Rpt: 42/78
<b>2</b> FILER NAME Trevino, Brenda		<b>3</b> Filer ID
<b>4</b> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$
<b>5</b> Date 10/25/2025	<b>6</b> Full name of contributor FREASIER, BETTY	<b>8</b> Amount of contribution (\$) \$100.00
	<b>7</b> Contributor address; City; State; Zip Code 3815 US HWY 181 N  FLORESVILLE, TX 78114	<b>9</b> In-kind contribution description MARGARITA BASKET
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		
<b>10</b> Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		<b>11</b> Employer (FOR NON-JUDICIAL) (See instructions)
<b>12</b> Contributor's principal occupation (FOR JUDICIAL) OWNER		<b>13</b> Contributor's job title (FOR JUDICIAL) (See instructions)
<b>14</b> Contributor's employer/law firm (FOR JUDICIAL)		<b>15</b> Law firm of contributor's spouse (if any) (FOR JUDICIAL)
<b>16</b> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
<b>Date</b> 10/25/2025	<b>Full name of contributor</b> FREASIER, BETTY	<b>Amount of contribution (\$)</b> \$100.00
	<b>Contributor address; City; State; Zip Code</b> 3815 US HWY 181 N  FLORESVILLE, TX 78114	<b>In-kind contribution description</b> SUCCULENT GARDEN IN CLAY POT
<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) OWNER		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)		
<b>Date</b> 10/25/2025	<b>Full name of contributor</b> FREASIER, BETTY	<b>Amount of contribution (\$)</b> \$300.00
	<b>Contributor address; City; State; Zip Code</b> 3815 US HWY 181 N  FLORESVILLE, TX 78114	<b>In-kind contribution description</b> FUSED GLASS CROSS
<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) OWNER		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)		

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

<b>The Instruction Guide explains how to complete this form.</b>				<b>1</b> Total pages Schedule A2: Sch: 4/15 Rpt: 43/78	
<b>2</b> FILER NAME Trevino, Brenda				<b>3</b> Filer ID	
<b>4</b> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS				\$	
<b>5</b> Date 10/25/2025	<b>6</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: FREASIER, BETTY			<b>8</b> Amount of contribution (\$) \$100.00	<b>9</b> In-kind contribution description
	<b>7</b> Contributor address; City; State; Zip Code 3815 US HWY 181 N  FLORESVILLE, TX 78114				
				<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
<b>10</b> Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		<b>11</b> Employer (FOR NON-JUDICIAL) (See instructions)			
<b>12</b> Contributor's principal occupation (FOR JUDICIAL) OWNER		<b>13</b> Contributor's job title (FOR JUDICIAL) (See instructions) OWNER			
<b>14</b> Contributor's employer/law firm (FOR JUDICIAL)		<b>15</b> Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
<b>16</b> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
<b>Date</b> 10/25/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: LABUS, KRISTIN			<b>Amount of contribution (\$)</b> \$600.00	<b>In-kind contribution description</b> COASTAL GET-AWAY STAY
	<b>Contributor address; City; State; Zip Code</b>  POTH, TX 78147				
				<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) AUDITOR		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)					
<b>Date</b> 10/25/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: LEAL, DORA			<b>Amount of contribution (\$)</b> \$50.00	<b>In-kind contribution description</b> NINE WET BACK PURSE
	<b>Contributor address; City; State; Zip Code</b>  FLORESVILLE, TX 78114				
				<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)					

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A2: Sch: 5/15 Rpt: 44/78
<b>2</b> FILER NAME Trevino, Brenda		<b>3</b> Filer ID
<b>4</b> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$
<b>5</b> Date 10/25/2025	<b>6</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEAL, DORA	<b>8</b> Amount of contribution (\$) \$50.00  <b>9</b> In-kind contribution description MONTANA WEST PURSE & WALLET
	<b>7</b> Contributor address; City; State; Zip Code  FLORESVILLE, TX 78114	
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		
<b>10</b> Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		<b>11</b> Employer (FOR NON-JUDICIAL) (See instructions)
<b>12</b> Contributor's principal occupation (FOR JUDICIAL) RETIRED		<b>13</b> Contributor's job title (FOR JUDICIAL) (See instructions)
<b>14</b> Contributor's employer/law firm (FOR JUDICIAL)		<b>15</b> Law firm of contributor's spouse (if any) (FOR JUDICIAL)
<b>16</b> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
<b>Date</b> 10/25/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) LEAL, DORA	<b>Amount of contribution (\$)</b> \$100.00  <b>In-kind contribution description</b> GERMAN CHOCOLATE CAKE
	<b>Contributor address; City; State; Zip Code</b>  FLORESVILLE, TX 78114	
<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) RETIRED		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)		
<b>Date</b> 10/25/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) LOPEZ, MANUEL & AIMEE	<b>Amount of contribution (\$)</b> \$60.00  <b>In-kind contribution description</b> SERVING TRAY & HEB GIFT CARD
	<b>Contributor address; City; State; Zip Code</b>  FLORESVILLE, TX 78114	
<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) TEACHER		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)		

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A2: Sch: 6/15 Rpt: 45/78	
<b>2</b> FILER NAME Trevino, Brenda		<b>3</b> Filer ID	
<b>4</b> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
<b>5</b> Date 10/25/2025	<b>6</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: PALACIOS, CAROLYN	<b>8</b> Amount of contribution (\$) \$20.00	<b>9</b> In-kind contribution description SNOWMAN PAINTING
	<b>7</b> Contributor address; City; State; Zip Code  FLORESVILLE, TX 78114		
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
<b>10</b> Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		<b>11</b> Employer (FOR NON-JUDICIAL) (See instructions)	
<b>12</b> Contributor's principal occupation (FOR JUDICIAL) ADMIN		<b>13</b> Contributor's job title (FOR JUDICIAL) (See instructions)	
<b>14</b> Contributor's employer/law firm (FOR JUDICIAL)		<b>15</b> Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
<b>16</b> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<b>Date</b> 10/25/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: RITZEN, CYNTHIA	<b>Amount of contribution (\$)</b> \$50.00	<b>In-kind contribution description</b> CHARCUTERIE BOARD WITH CHEF KNIFE
	<b>Contributor address; City; State; Zip Code</b>  FLORESVILLE, TX 78114		
<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)			
<b>Date</b> 10/25/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: RODRIGUEZ, GABE & MELISSA	<b>Amount of contribution (\$)</b> \$50.00	<b>In-kind contribution description</b> WINE GLASS BASKET
	<b>Contributor address; City; State; Zip Code</b> PO BOX 693  POTH, TX 78114		
<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) OWNDER		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)			

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A2: Sch: 7/15 Rpt: 46/78
<b>2</b> FILER NAME Trevino, Brenda		<b>3</b> Filer ID
<b>4</b> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$
<b>5</b> Date 10/25/2025	<b>6</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: RODRIGUEZ, GABE & MELISSA	<b>8</b> Amount of contribution (\$) <b>9</b> In-kind contribution description \$40.00 SHOT GLASS GIFT SET
	<b>7</b> Contributor address; City; State; Zip Code PO BOX 693  POTH, TX 78114	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
<b>10</b> Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		<b>11</b> Employer (FOR NON-JUDICIAL) (See instructions)
<b>12</b> Contributor's principal occupation (FOR JUDICIAL) OWNDER		<b>13</b> Contributor's job title (FOR JUDICIAL) (See instructions)
<b>14</b> Contributor's employer/law firm (FOR JUDICIAL)		<b>15</b> Law firm of contributor's spouse (if any) (FOR JUDICIAL)
<b>16</b> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
<b>Date</b> 10/25/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: RODRIGUEZ, GABE & MELISSA	<b>Amount of contribution (\$)</b> <b>In-kind contribution description</b> \$100.00 CUISINART ICE CREAM MAKER WITH BAKER'S BASKET
	<b>Contributor address; City; State; Zip Code</b> PO BOX 693  POTH, TX 78114	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
<b>Principal occupation / Job title (FOR NON-JUDICIAL)</b> (See instructions)		<b>Employer (FOR NON-JUDICIAL)</b> (See instructions)
<b>Contributor's principal occupation (FOR JUDICIAL)</b> OWNDER		<b>Contributor's job title (FOR JUDICIAL)</b> (See instructions)
<b>Contributor's employer/law firm (FOR JUDICIAL)</b>		<b>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</b>
<b>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</b>		
<b>Date</b> 10/25/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: RODRIGUEZ, GABE & MELISSA	<b>Amount of contribution (\$)</b> <b>In-kind contribution description</b> \$50.00 ANTIQUE SCHOOL DESK
	<b>Contributor address; City; State; Zip Code</b> PO BOX 693  POTH, TX 78114	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
<b>Principal occupation / Job title (FOR NON-JUDICIAL)</b> (See instructions)		<b>Employer (FOR NON-JUDICIAL)</b> (See instructions)
<b>Contributor's principal occupation (FOR JUDICIAL)</b> OWNDER		<b>Contributor's job title (FOR JUDICIAL)</b> (See instructions)
<b>Contributor's employer/law firm (FOR JUDICIAL)</b>		<b>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</b>
<b>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</b>		

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

<b>The Instruction Guide explains how to complete this form.</b>			
<b>2 FILER NAME</b> Trevino, Brenda		<b>1</b> Total pages Schedule A2: Sch: 8/15 Rpt: 47/78	
<b>4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS</b>		<b>\$</b>	
<b>5 Date</b> 10/25/2025	<b>6 Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: RODRIGUEZ, RUBY	<b>8 Amount of contribution (\$)</b> \$75.00	<b>9 In-kind contribution description</b> CARROT CAKE
	<b>7 Contributor address; City; State; Zip Code</b> 1602 A ST  FLORESVILLE, TX 78114	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
<b>10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)</b>		<b>11 Employer (FOR NON-JUDICIAL) (See instructions)</b>	
<b>12 Contributor's principal occupation (FOR JUDICIAL)</b>		<b>13 Contributor's job title (FOR JUDICIAL) (See instructions)</b>	
<b>14 Contributor's employer/law firm (FOR JUDICIAL)</b>		<b>15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)</b>	
<b>16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</b>			
<b>Date</b> 10/25/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: ROGERS, RHEA NELL	<b>Amount of contribution (\$)</b> \$200.00	<b>In-kind contribution description</b> WINE AND GOBLETS GIFT BASKET
	<b>Contributor address; City; State; Zip Code</b>  FLORESVILLE, TX 78114	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
<b>Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)</b>		<b>Employer (FOR NON-JUDICIAL) (See instructions)</b>	
<b>Contributor's principal occupation (FOR JUDICIAL)</b> <b>RETIRED</b>		<b>Contributor's job title (FOR JUDICIAL) (See instructions)</b>	
<b>Contributor's employer/law firm (FOR JUDICIAL)</b>		<b>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</b>	
<b>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</b>			
<b>Date</b> 10/25/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: ROGERS, RHEA NELL	<b>Amount of contribution (\$)</b> \$125.00	<b>In-kind contribution description</b> BEACH BASKET
	<b>Contributor address; City; State; Zip Code</b>  FLORESVILLE, TX 78114	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
<b>Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)</b>		<b>Employer (FOR NON-JUDICIAL) (See instructions)</b>	
<b>Contributor's principal occupation (FOR JUDICIAL)</b> <b>RETIRED</b>		<b>Contributor's job title (FOR JUDICIAL) (See instructions)</b>	
<b>Contributor's employer/law firm (FOR JUDICIAL)</b>		<b>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</b>	
<b>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</b>			

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A2: Sch: 9/15 Rpt: 48/78
<b>2</b> FILER NAME Trevino, Brenda		<b>3</b> Filer ID
<b>4</b> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$
<b>5</b> Date 10/25/2025	<b>6</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ROGERS, RHEA NELL  <b>7</b> Contributor address; City; State; Zip Code  FLORESVILLE, TX 78114	<b>8</b> Amount of contribution (\$) \$125.00 <b>9</b> In-kind contribution description MOVIE NIGHT BASKET WITH DOMINO'S GIFT CARD  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
<b>10</b> Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		<b>11</b> Employer (FOR NON-JUDICIAL) (See instructions)
<b>12</b> Contributor's principal occupation (FOR JUDICIAL) RETIRED		<b>13</b> Contributor's job title (FOR JUDICIAL) (See instructions)
<b>14</b> Contributor's employer/law firm (FOR JUDICIAL)		<b>15</b> Law firm of contributor's spouse (if any) (FOR JUDICIAL)
<b>16</b> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
<b>Date</b> 10/25/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: SILVA, GRACIE  <b>Contributor address; City; State; Zip Code</b>  TX	<b>Amount of contribution (\$)</b> \$100.00 <b>In-kind contribution description</b> GALLON OF PEANUT BRITTLE  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
<b>Principal occupation / Job title (FOR NON-JUDICIAL)</b> (See instructions)		<b>Employer (FOR NON-JUDICIAL)</b> (See instructions)
<b>Contributor's principal occupation (FOR JUDICIAL)</b>		<b>Contributor's job title (FOR JUDICIAL)</b> (See instructions)
<b>Contributor's employer/law firm (FOR JUDICIAL)</b>		<b>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</b>
<b>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</b>		
<b>Date</b> 10/25/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: SMITH, CHRIS & DEANA  <b>Contributor address; City; State; Zip Code</b>  FLORESVILLE, TX 78114	<b>Amount of contribution (\$)</b> \$75.00 <b>In-kind contribution description</b> SHABBY CHIC SHELF  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
<b>Principal occupation / Job title (FOR NON-JUDICIAL)</b> (See instructions)		<b>Employer (FOR NON-JUDICIAL)</b> (See instructions)
<b>Contributor's principal occupation (FOR JUDICIAL)</b>		<b>Contributor's job title (FOR JUDICIAL)</b> (See instructions)
<b>Contributor's employer/law firm (FOR JUDICIAL)</b>		<b>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</b>
<b>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</b>		

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A2: Sch: 10/15 Rpt: 49/78	
<b>2</b> FILER NAME Trevino, Brenda		<b>3</b> Filer ID	
<b>4</b> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
<b>5</b> Date 10/25/2025	<b>6</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: SMITH, CHRIS & DEANA	<b>8</b> Amount of contribution (\$) \$50.00	<b>9</b> In-kind contribution description SHABBY CHIC COAT RACK
	<b>7</b> Contributor address; City; State; Zip Code  FLORESVILLE, TX 78114		
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
<b>10</b> Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		<b>11</b> Employer (FOR NON-JUDICIAL) (See instructions)	
<b>12</b> Contributor's principal occupation (FOR JUDICIAL)		<b>13</b> Contributor's job title (FOR JUDICIAL) (See instructions)	
<b>14</b> Contributor's employer/law firm (FOR JUDICIAL)		<b>15</b> Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
<b>16</b> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<b>Date</b> 10/25/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: SVOBODA, JASON	<b>Amount of contribution (\$)</b> \$600.00	<b>In-kind contribution description</b> DOVE HUNT
	<b>Contributor address; City; State; Zip Code</b>  FLORESVILLE, TX 78114		
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
<b>Principal occupation / Job title (FOR NON-JUDICIAL)</b> (See instructions)		<b>Employer (FOR NON-JUDICIAL)</b> (See instructions)	
<b>Contributor's principal occupation (FOR JUDICIAL)</b>		<b>Contributor's job title (FOR JUDICIAL)</b> (See instructions)	
<b>Contributor's employer/law firm (FOR JUDICIAL)</b>		<b>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</b>	
<b>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</b>			
<b>Date</b> 10/25/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: TALAMANTEZ, BEN	<b>Amount of contribution (\$)</b> \$900.00	<b>In-kind contribution description</b> SANTA MARIA CUSTOM GRILL
	<b>Contributor address; City; State; Zip Code</b> 1373 CR 128  FLORESVILLE, TX 78114		
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
<b>Principal occupation / Job title (FOR NON-JUDICIAL)</b> (See instructions)		<b>Employer (FOR NON-JUDICIAL)</b> (See instructions)	
<b>Contributor's principal occupation (FOR JUDICIAL)</b> OWNER		<b>Contributor's job title (FOR JUDICIAL)</b> (See instructions)	
<b>Contributor's employer/law firm (FOR JUDICIAL)</b>		<b>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</b>	
<b>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</b>			

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

<b>The Instruction Guide explains how to complete this form.</b>				<b>1</b> Total pages Schedule A2: Sch: 11/15 Rpt: 50/78
<b>2</b> FILER NAME Trevino, Brenda				<b>3</b> Filer ID
<b>4</b> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS				\$
<b>5</b> Date 10/25/2025	<b>6</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: TREVINO, TIM & BRENDA			<b>8</b> Amount of contribution (\$) \$50.00  <b>9</b> In-kind contribution description COOLER WITH STANLEY CUPS
	<b>7</b> Contributor address; City; State; Zip Code 113 PARKCREST  FLORESVILLE, TX 78114			
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.				
<b>10</b> Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		<b>11</b> Employer (FOR NON-JUDICIAL) (See instructions)		
<b>12</b> Contributor's principal occupation (FOR JUDICIAL) SALES/AUDITOR		<b>13</b> Contributor's job title (FOR JUDICIAL) (See instructions)		
<b>14</b> Contributor's employer/law firm (FOR JUDICIAL)		<b>15</b> Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
<b>16</b> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
<b>Date</b> 10/25/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: TREVINO, TIM & BRENDA			<b>Amount of contribution (\$)</b> \$100.00  <b>In-kind contribution description</b> STANLEY SET AND LIQUOR TUB
	<b>Contributor address; City; State; Zip Code</b> 113 PARKCREST  FLORESVILLE, TX 78114			
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.				
<b>Principal occupation / Job title (FOR NON-JUDICIAL)</b> (See instructions)		<b>Employer (FOR NON-JUDICIAL)</b> (See instructions)		
<b>Contributor's principal occupation (FOR JUDICIAL)</b> SALES/AUDITOR		<b>Contributor's job title (FOR JUDICIAL)</b> (See instructions)		
<b>Contributor's employer/law firm (FOR JUDICIAL)</b>		<b>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</b>		
<b>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</b>				
<b>Date</b> 10/25/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: TREVINO, TIM & BRENDA			<b>Amount of contribution (\$)</b> \$100.00  <b>In-kind contribution description</b> ROCKING CHAIRS
	<b>Contributor address; City; State; Zip Code</b> 113 PARKCREST  FLORESVILLE, TX 78114			
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.				
<b>Principal occupation / Job title (FOR NON-JUDICIAL)</b> (See instructions)		<b>Employer (FOR NON-JUDICIAL)</b> (See instructions)		
<b>Contributor's principal occupation (FOR JUDICIAL)</b> SALES/AUDITOR		<b>Contributor's job title (FOR JUDICIAL)</b> (See instructions)		
<b>Contributor's employer/law firm (FOR JUDICIAL)</b>		<b>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</b>		
<b>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</b>				

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A2: Sch: 12/15 Rpt: 51/78
<b>2</b> FILER NAME Trevino, Brenda		<b>3</b> Filer ID
<b>4</b> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$
<b>5</b> Date 10/25/2025	<b>6</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: TREVINO, TIM & BRENDA	<b>8</b> Amount of contribution (\$) \$75.00  <b>9</b> In-kind contribution description SMOKER, COOLER, SPICES, APRON, GIFT CERTIFICATE TO WIATREKS  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
	<b>7</b> Contributor address; City; State; Zip Code 113 PARKCREST  FLORESVILLE, TX 78114	
<b>10</b> Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		<b>11</b> Employer (FOR NON-JUDICIAL) (See instructions)
<b>12</b> Contributor's principal occupation (FOR JUDICIAL) SALES/AUDITOR		<b>13</b> Contributor's job title (FOR JUDICIAL) (See instructions)
<b>14</b> Contributor's employer/law firm (FOR JUDICIAL)		<b>15</b> Law firm of contributor's spouse (if any) (FOR JUDICIAL)
<b>16</b> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
<b>Date</b> 10/25/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: TREVINO, TIM & BRENDA	<b>Amount of contribution (\$)</b> \$100.00  <b>In-kind contribution description</b> PATIO SET  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
	<b>Contributor address; City; State; Zip Code</b> 113 PARKCREST  FLORESVILLE, TX 78114	
<b>Principal occupation / Job title (FOR NON-JUDICIAL)</b> (See instructions)		<b>Employer (FOR NON-JUDICIAL)</b> (See instructions)
<b>Contributor's principal occupation (FOR JUDICIAL)</b> SALES/AUDITOR		<b>Contributor's job title (FOR JUDICIAL)</b> (See instructions) SALES/AUDITOR
<b>Contributor's employer/law firm (FOR JUDICIAL)</b>		<b>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</b>
<b>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</b>		
<b>Date</b> 10/25/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: YOW, BRAIDEN & TAYLOR	<b>Amount of contribution (\$)</b> \$75.00  <b>In-kind contribution description</b> OVERNIGHT BAG AND BLANKET SET  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
	<b>Contributor address; City; State; Zip Code</b> FLORESVILLE, TX 78114	
<b>Principal occupation / Job title (FOR NON-JUDICIAL)</b> (See instructions)		<b>Employer (FOR NON-JUDICIAL)</b> (See instructions)
<b>Contributor's principal occupation (FOR JUDICIAL)</b> FIRST RESPONDER		<b>Contributor's job title (FOR JUDICIAL)</b> (See instructions)
<b>Contributor's employer/law firm (FOR JUDICIAL)</b>		<b>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</b>
<b>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</b>		

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

<b>The Instruction Guide explains how to complete this form.</b>				<b>1</b> Total pages Schedule A2: Sch: 13/15 Rpt: 52/78
<b>2</b> FILER NAME Trevino, Brenda				<b>3</b> Filer ID
<b>4</b> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS				\$
<b>5</b> Date 10/25/2025	<b>6</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: YOW, ELIZABETH			<b>8</b> Amount of contribution (\$) \$30.00 <b>9</b> In-kind contribution description LUNCH TOTE  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
	<b>7</b> Contributor address; City; State; Zip Code 152 CR 158  FLORESVILLE, TX 78114			
<b>10</b> Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)				<b>11</b> Employer (FOR NON-JUDICIAL) (See instructions)
<b>12</b> Contributor's principal occupation (FOR JUDICIAL) OWNER				<b>13</b> Contributor's job title (FOR JUDICIAL) (See instructions)
<b>14</b> Contributor's employer/law firm (FOR JUDICIAL)				<b>15</b> Law firm of contributor's spouse (if any) (FOR JUDICIAL)
<b>16</b> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
<b>Date</b> 10/25/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: YOW, ELIZABETH			<b>Amount of contribution (\$)</b> \$50.00 <b>In-kind contribution description</b> FLORESVILLE SPIRIT BEARS  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
	<b>Contributor address; City; State; Zip Code</b> 152 CR 158  FLORESVILLE, TX 78114			
<b>Principal occupation / Job title (FOR NON-JUDICIAL)</b> (See instructions)				<b>Employer (FOR NON-JUDICIAL)</b> (See instructions)
<b>Contributor's principal occupation (FOR JUDICIAL)</b> OWNER				<b>Contributor's job title (FOR JUDICIAL)</b> (See instructions)
<b>Contributor's employer/law firm (FOR JUDICIAL)</b>				<b>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</b>
<b>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</b>				
<b>Date</b> 10/25/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: YOW, ELIZABETH			<b>Amount of contribution (\$)</b> \$50.00 <b>In-kind contribution description</b> SOLAR BIRD FOUNTAIN  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
	<b>Contributor address; City; State; Zip Code</b> 152 CR 158  FLORESVILLE, TX 78114			
<b>Principal occupation / Job title (FOR NON-JUDICIAL)</b> (See instructions)				<b>Employer (FOR NON-JUDICIAL)</b> (See instructions)
<b>Contributor's principal occupation (FOR JUDICIAL)</b> OWNER				<b>Contributor's job title (FOR JUDICIAL)</b> (See instructions)
<b>Contributor's employer/law firm (FOR JUDICIAL)</b>				<b>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</b>
<b>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</b>				

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

<b>The Instruction Guide explains how to complete this form.</b>				<b>1</b> Total pages Schedule A2: Sch: 14/15 Rpt: 53/78
<b>2</b> FILER NAME Trevino, Brenda				<b>3</b> Filer ID
<b>4</b> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS				\$
<b>5</b> Date 10/25/2025	<b>6</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) YOW, ELIZABETH	<b>8</b> Amount of contribution (\$) \$75.00	<b>9</b> In-kind contribution description GOLF PUTTING MAT	
	<b>7</b> Contributor address; City; State; Zip Code 152 CR 158  FLORESVILLE, TX 78114	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		
<b>10</b> Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		<b>11</b> Employer (FOR NON-JUDICIAL) (See instructions)		
<b>12</b> Contributor's principal occupation (FOR JUDICIAL) OWNER		<b>13</b> Contributor's job title (FOR JUDICIAL) (See instructions)		
<b>14</b> Contributor's employer/law firm (FOR JUDICIAL)		<b>15</b> Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
<b>16</b> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
<b>Date</b> 10/25/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) YOW, ELIZABETH	<b>Amount of contribution (\$)</b> \$25.00	<b>In-kind contribution description</b> SPINNING WOODEN PICTURE FRAMES	
	<b>Contributor address; City; State; Zip Code</b> 152 CR 158  FLORESVILLE, TX 78114	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		
<b>Principal occupation / Job title (FOR NON-JUDICIAL)</b> (See instructions)		<b>Employer (FOR NON-JUDICIAL)</b> (See instructions)		
<b>Contributor's principal occupation (FOR JUDICIAL)</b> OWNER		<b>Contributor's job title (FOR JUDICIAL)</b> (See instructions)		
<b>Contributor's employer/law firm (FOR JUDICIAL)</b>		<b>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</b>		
<b>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</b>				
<b>Date</b> 10/25/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) YOW, ELIZABETH	<b>Amount of contribution (\$)</b> \$300.00	<b>In-kind contribution description</b> WAGON, UMBRELLA, BEACH SUPPLIES, CHAIRS	
	<b>Contributor address; City; State; Zip Code</b> 152 CR 158  FLORESVILLE, TX 78114	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		
<b>Principal occupation / Job title (FOR NON-JUDICIAL)</b> (See instructions)		<b>Employer (FOR NON-JUDICIAL)</b> (See instructions)		
<b>Contributor's principal occupation (FOR JUDICIAL)</b> OWNER		<b>Contributor's job title (FOR JUDICIAL)</b> (See instructions)		
<b>Contributor's employer/law firm (FOR JUDICIAL)</b>		<b>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</b>		
<b>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</b>				

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A2: Sch: 15/15 Rpt: 54/78
<b>2</b> FILER NAME Trevino, Brenda		<b>3</b> Filer ID
<b>4</b> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$
<b>5</b> Date 10/25/2025	<b>6</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: YOW, JOHN  <b>7</b> Contributor address; City; State; Zip Code 152 CR 158  FLORESVILLE, TX 78114	<b>8</b> Amount of contribution (\$) <b>9</b> In-kind contribution description \$60.00 GARDENING BAG W/TOOL SET  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
<b>10</b> Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		<b>11</b> Employer (FOR NON-JUDICIAL) (See instructions)
<b>12</b> Contributor's principal occupation (FOR JUDICIAL) OWNER		<b>13</b> Contributor's job title (FOR JUDICIAL) (See instructions)
<b>14</b> Contributor's employer/law firm (FOR JUDICIAL)		<b>15</b> Law firm of contributor's spouse (if any) (FOR JUDICIAL)
<b>16</b> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		

# POLITICAL EXPENDITURES 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: Sch: 1/24 Rpt: 55/78	2 FILER NAME Trevino, Brenda	3 Filer ID	
4 Date 07/03/2025	5 Payee name 1ST SOURCE DIGITAL		
6 Amount (\$) \$649.50	7 Payee address; City; State; Zip Code 4390 E FM 1518  SELMA, TX 78154		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 SIGNS	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 08/07/2025	Payee name 1ST SOURCE DIGITAL		
Amount (\$) \$1,082.50	Payee address; City; State; Zip Code 4390 E FM 1518  SELMA, TX 78154		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 SIGNS	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 09/15/2025	Payee name 1ST SOURCE DIGITAL		
Amount (\$) \$297.69	Payee address; City; State; Zip Code TX		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 SIGNS	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

# POLITICAL EXPENDITURES 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: Sch: 2/24 Rpt: 56/78	2 FILER NAME Trevino, Brenda	3 Filer ID
4 Date 09/18/2025	5 Payee name 1ST SOURCE DIGITAL	
6 Amount (\$) \$866.00	7 Payee address; City; State; Zip Code  TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 SIGNS
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 11/14/2025	Payee name 1ST SOURCE DIGITAL	Office held
Amount (\$) \$649.50	Payee address; City; State; Zip Code  TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 SIGNS
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 11/17/2025	Payee name 1ST SOURCE DIGITAL	Office held
Amount (\$) \$1,336.89	Payee address; City; State; Zip Code  TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 SIGNS
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
		Office held

# POLITICAL EXPENDITURES 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: Sch: 3/24 Rpt: 57/78	2 FILER NAME Trevino, Brenda	3 Filer ID
4 Date 07/02/2025	5 Payee name AMAZON	
6 Amount (\$) \$22.98	7 Payee address; City; State; Zip Code  TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 OFFICE SUPPLIES
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 07/04/2025	Payee name AMAZON	Office held
Amount (\$) \$50.30	Payee address; City; State; Zip Code  TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 FLAGS
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 08/11/2025	Payee name AMAZON	Office held
Amount (\$) \$72.18	Payee address; City; State; Zip Code  TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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 SUPPLIES FOR FUNDRAISER EVENT
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
		Office held

# POLITICAL EXPENDITURES 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: Sch: 4/24 Rpt: 58/78	2 FILER NAME Trevino, Brenda	3 Filer ID
4 Date 09/05/2025	5 Payee name AMAZON	
6 Amount (\$) \$13.99	7 Payee address; City; State; Zip Code  TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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  SUPPLIES FOR FUNDRAISER
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 09/08/2025	Payee name AMAZON	Office held
Amount (\$) \$80.95	Payee address; City; State; Zip Code  TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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  SUPPLIES FOR FUNDRAISER
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 09/11/2025	Payee name AMAZON	Office held
Amount (\$) \$21.60	Payee address; City; State; Zip Code  TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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  SUPPLIES FOR EVENT
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
		Office held

# POLITICAL EXPENDITURES 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: Sch: 5/24 Rpt: 59/78	2 FILER NAME Trevino, Brenda	3 Filer ID	
4 Date 10/02/2025	5 Payee name AMAZON		
6 Amount (\$) \$150.21	7 Payee address; City; State; Zip Code  TX		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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 DRINKS FOR FUNDRAISING EVENT	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 10/06/2025	Payee name AMAZON		
Amount (\$) \$93.56	Payee address; City; State; Zip Code  TX		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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 TABLE DECOR FOR EVENT	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 10/20/2025	Payee name AMAZON		
Amount (\$) \$63.96	Payee address; City; State; Zip Code  TX		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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 SUPPLIES FOR FUNDRAISING EVENT	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

# POLITICAL EXPENDITURES 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: Sch: 6/24 Rpt: 60/78	2 FILER NAME Trevino, Brenda	3 Filer ID
4 Date 10/22/2025	5 Payee name AMAZON	
6 Amount (\$) \$96.09	7 Payee address; City; State; Zip Code  TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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 SUPPLIES FOR FUNDRAISING EVENT
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/13/2025	Payee name AMERICAN LEGION	
Amount (\$) \$300.00	Payee address; City; State; Zip Code  FLORESVILLE, TX 78114	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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 HALL RENTAL
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/03/2025	Payee name BUTTONWORKS.COM	
Amount (\$) \$212.95	Payee address; City; State; Zip Code  SACRAMENTO, CA 95834	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 BUTTONS
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES 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: Sch: 7/24 Rpt: 61/78	2 FILER NAME Trevino, Brenda	3 Filer ID	
4 Date 07/07/2025	5 Payee name CAR STICKERS INC		
6 Amount (\$) \$89.00	7 Payee address; City; State; Zip Code 2146 NE 4TH ST  BEND, OR 97701		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 STICKERS	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 08/11/2025	Payee name CASANOVA, LAURA		
Amount (\$) \$75.00	Payee address; City; State; Zip Code  FLORESVILLE, TX 78114		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 KOOZIES	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 08/18/2025	Payee name CASANOVA, LAURA		
Amount (\$) \$70.00	Payee address; City; State; Zip Code  FLORESVILLE, TX 78114		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 KOOZIES	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

# POLITICAL EXPENDITURES 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: Sch: 8/24 Rpt: 62/78	2 FILER NAME Trevino, Brenda	3 Filer ID	
4 Date 10/06/2025	5 Payee name CASANOVA, LAURA		
6 Amount (\$) \$400.00	7 Payee address; City; State; Zip Code  FLORESVILLE, TX 78114		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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 KOOZIES FOR EVENT	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 11/04/2025	Payee name COURAGE RANCH		
Amount (\$) \$600.00	Payee address; City; State; Zip Code  FLORESVILLE, TX 78114		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRIBUTION TOWARD EVENT	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 07/01/2025	Payee name CUSTOM INK		
Amount (\$) \$64.95	Payee address; City; State; Zip Code  1640 BORO PLACE  TYSONS, VA 22102		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 MAGNETS	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

# POLITICAL EXPENDITURES 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: Sch: 9/24 Rpt: 63/78	2 FILER NAME Trevino, Brenda	3 Filer ID
4 Date 07/17/2025	5 Payee name CUSTOM INK	
6 Amount (\$) \$64.95	7 Payee address; City; State; Zip Code  TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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  MAGNETS
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 10/23/2025	Payee name DOLLAR TREE	Office held
Amount (\$) \$32.75	Payee address; City; State; Zip Code  TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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  SUPPLIES FOR FUNDRAISING EVENT
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 12/15/2025	Payee name DROPBOX	Office held
Amount (\$) \$21.31	Payee address; City; State; Zip Code  TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) DROPBOX SERVICE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  DROPBOX SERVICE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
		Office held

# POLITICAL EXPENDITURES 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: Sch: 10/24 Rpt: 64/78	2 FILER NAME Trevino, Brenda	3 Filer ID	
4 Date 07/16/2025	5 Payee name FARMHAUS TABLE		
6 Amount (\$) \$137.69	7 Payee address; City; 2239 FM 3432  ADKINS, TX 78101	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 CAMPAIGN MEETING	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 12/11/2025	Payee name FLORES, MARIO		
Amount (\$) \$500.00	Payee address; City; HELOTES, TX	State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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 DEPOSIT FOR LIVE BAND FOR FUNDRAISING EVENT	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 09/29/2025	Payee name FLORESVILLE EDUCATION FOUNDATION		
Amount (\$) \$360.50	Payee address; City; FLORESVILLE, TX 78114	State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRIBUTION TO EVENT	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

# POLITICAL EXPENDITURES 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: Sch: 11/24 Rpt: 65/78	2 FILER NAME Trevino, Brenda	3 Filer ID
4 Date 09/28/2025	5 Payee name FLORESVILLE EDUCATION FOUNDATION	
6 Amount (\$) \$800.00	7 Payee address; City; State; Zip Code  FLORESVILLE, TX 78114	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRIBUTION TOWARD EVENT
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
Date 08/18/2025	Payee name HEB	
Amount (\$) \$194.38	Payee address; City; State; Zip Code  FLORESVILLE, TX 78114	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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 FOOD FOR FUNDRAISING EVENT
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
Date 08/18/2025	Payee name HEB	
Amount (\$) \$145.36	Payee address; City; State; Zip Code  FLORESVILLE, TX 78114	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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 FOOD FOR FUNDRAISER
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	

# POLITICAL EXPENDITURES 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: Sch: 12/24 Rpt: 66/78	2 FILER NAME Trevino, Brenda	3 Filer ID
4 Date 09/12/2025	5 Payee name HEB	
6 Amount (\$) \$109.01	7 Payee address; City; State; Zip Code  FLORESVILLE, TX 78114	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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  SUPPLIES FOR EVENT
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/27/2025	Payee name HEB	
Amount (\$) \$121.59	Payee address; City; State; Zip Code  FLORESVILLE, TX 78114	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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  SUPPLIES FOR FUNDRAISING EVENT
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/25/2025	Payee name HEB	
Amount (\$) \$47.76	Payee address; City; State; Zip Code  TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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  SUPPLIES FOR FUNDRAISING EVENT
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES 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: Sch: 13/24 Rpt: 67/78	2 FILER NAME Trevino, Brenda	3 Filer ID
4 Date 10/25/2025	5 Payee name HEB	
6 Amount (\$) \$93.73	7 Payee address; City; State; Zip Code  FLORESVILLE, TX 78114	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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  SUPPLIES FOR FUNDRAISING EVENT
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/08/2025	Payee name LANDCO DESIGNS	
Amount (\$) \$118.62	Payee address; City; State; Zip Code  FLORESVILLE, TX 78114	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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  CAPS
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/27/2025	Payee name LAZY J BBQ	
Amount (\$) \$1,177.00	Payee address; City; State; Zip Code  FLORESVILLE, TX 78114	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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  CATERING
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Sch: 14/24 Rpt: 68/78 Trevino, Brenda	3 Filer ID
4 Date 10/10/2025	5 Payee name MCCOY'S	
6 Amount (\$) \$94.08	7 Payee address; City; State; Zip Code  FLORESVILLE, TX 78114	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 PLYWOOD FOR SIGNS
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/04/2025	Payee name MORA, JENNIFER	
Amount (\$) \$50.00	Payee address; City; State; Zip Code  LA VERNIA, TX 78121	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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 MARKET DAYS
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/13/2025	Payee name PFEIL, MELISSA	
Amount (\$) \$108.00	Payee address; City; State; Zip Code  FLORESVILLE, TX 78114	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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 FOOD FOR FUNDRAISING EVENT
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES 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 - 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: Sch: 15/24 Rpt: 69/78	2 FILER NAME Trevino, Brenda	3 Filer ID	
4 Date 09/15/2025	5 Payee name PFEIL, MELISSA		
6 Amount (\$) \$797.92	7 Payee address; City; State; Zip Code  FLORESVILLE, TX 78114		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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 FOOD FOR FUNDRAISING EVENT	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 09/01/2025	Payee name POTH ATHLETIC BOOSTER CLUB		
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code  POTH, TX 78147		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRIBUTION FOR EVENT	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 09/08/2025	Payee name SAMS CLUB		
Amount (\$) \$266.71	Payee address; City; State; Zip Code  SAN ANTONO, TX 78222		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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 SUPPLIES FOR FUNDRAISER	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

# POLITICAL EXPENDITURES 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 - 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: Sch: 16/24 Rpt: 70/78	2 FILER NAME Trevino, Brenda	3 Filer ID
4 Date 09/15/2025	5 Payee name SAMS CLUB	
6 Amount (\$) \$146.88	7 Payee address; City; State; Zip Code  SAN ANTONIO, TX 78222	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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  SUPPLIES FOR EVENT
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/28/2025	Payee name SHANE, MICHAEL	
Amount (\$) \$100.00	Payee address; City; State; Zip Code  HELOTES, TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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  DEPOSIT FOR LIVE MUSIC
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/25/2025	Payee name SHANE, MICHAEL	
Amount (\$) \$200.00	Payee address; City; State; Zip Code  TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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  LIVE MUSIC
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES 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: Sch: 17/24 Rpt: 71/78	2 FILER NAME Trevino, Brenda	3 Filer ID	
4 Date 09/18/2025	5 Payee name SIGNAD LTD		
6 Amount (\$) \$1,645.00	7 Payee address; City; PO BOX 8626  HOUSTON, TX 77249	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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  BILLBOARD	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 10/17/2025	Payee name SIGNAD LTD		
Amount (\$) \$822.50	Payee address; City; PO BOX 8626  HOUSTON, TX 77249	State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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  BILLBOARD	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 11/14/2025	Payee name SIGNAD LTD		
Amount (\$) \$822.50	Payee address; City; PO BOX 8626  HOUSTON, TX 77249	State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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  BILLBOARD	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

# POLITICAL EXPENDITURES 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: Sch: 18/24 Rpt: 72/78	2 FILER NAME Trevino, Brenda	3 Filer ID
4 Date 12/12/2025	5 Payee name SIGNAD LTD	
6 Amount (\$) \$822.50	7 Payee address; City; State; Zip Code PO BOX 8626  HOUSTON, TX 77249	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 BILLBOARD
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 07/04/2025	Payee name SILVA, NICHOLAS	Office held
Amount (\$) \$125.00	Payee address; City; State; Zip Code  FLORESVILLE, TX 78114	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 COOKIES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 09/15/2025	Payee name SQUEAK'S	Office held
Amount (\$) \$25.92	Payee address; City; State; Zip Code  FLORESVILLE, TX 78114	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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 ICE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
		Office held

# POLITICAL EXPENDITURES 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: Sch: 19/24 Rpt: 73/78	2 FILER NAME Trevino, Brenda	3 Filer ID
4 Date 10/25/2025	5 Payee name SQUEAKS	
6 Amount (\$) \$34.55	7 Payee address; City; State; Zip Code  TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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 ICE
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/16/2025	Payee name TEXAS PEARL MARKETING	
Amount (\$) \$154.71	Payee address; City; State; Zip Code  TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 WEBSITE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/09/2025	Payee name TRACTOR SUPPLY	
Amount (\$) \$68.08	Payee address; City; State; Zip Code  FLORESVILLE, TX 78114	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 T-POSTS
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES 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: Sch: 20/24 Rpt: 74/78	2 FILER NAME Trevino, Brenda	3 Filer ID
4 Date 07/30/2025	5 Payee name TRACTOR SUPPLY	
6 Amount (\$) \$41.31	7 Payee address; City; State; Zip Code  FLORESVILLE, TX 78114	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 T-POSTS
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 07/31/2025	Payee name TRACTOR SUPPLY	Office held
Amount (\$) \$43.48	Payee address; City; State; Zip Code  FLORESVILLE, TX 78114	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 CABLE TIES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 08/11/2025	Payee name TRACTOR SUPPLY	Office held
Amount (\$) \$181.84	Payee address; City; State; Zip Code  FLORESVILLE, TX 78114	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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 T-POSTS, FAN, CABLE TIES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
		Office held

# POLITICAL EXPENDITURES 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: Sch: 21/24 Rpt: 75/78	2 FILER NAME Trevino, Brenda	3 Filer ID
4 Date 11/12/2025	5 Payee name TREVINO, BRENDA	
6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code 113 PARKCREST  FLORESVILLE, TX 78114	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense LOAN REPAYMENT
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
Date 09/11/2025	Payee name USPS	
Amount (\$) \$78.00	Payee address; City; State; Zip Code  FLORESVILLE, TX 78114	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) STAMPS	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense STAMPS
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
Date 09/17/2025	Payee name USPS	
Amount (\$) \$78.00	Payee address; City; State; Zip Code  FLORESVILLE, TX 78114	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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 STAMPS
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	

# POLITICAL EXPENDITURES 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: Sch: 22/24 Rpt: 76/78	2 FILER NAME Trevino, Brenda	3 Filer ID	
4 Date 09/29/2025	5 Payee name USPS		
6 Amount (\$) \$15.60	7 Payee address; City; State; Zip Code  FLORESVILLE, TX 78114		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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 POSTAGE	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 07/10/2025	Payee name VISTA PRINT		
Amount (\$) \$203.50	Payee address; City; State; Zip Code  275 WYMAN ST  WALTHAM, MA 02451		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 BROCHURES	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 09/18/2025	Payee name VISTA PRINT		
Amount (\$) \$208.63	Payee address; City; State; Zip Code  275 WYMAN ST  WALTHAM, MA 02451		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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 TICKETS FOR EVENT	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

# POLITICAL EXPENDITURES 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: Sch: 23/24 Rpt: 77/78	2 FILER NAME Trevino, Brenda	3 Filer ID
4 Date 09/08/2025	5 Payee name WCFRA	
6 Amount (\$) \$315.00	7 Payee address; City; State; Zip Code  FLORESVILLE, TX 78114	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRIBUTION TOWARD EVENT.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/09/2025	Payee name WCFRA	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code  FLORESVILLE, TX 78114	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRIBUTION TOWARD EVENT
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/12/2025	Payee name WCRP	
Amount (\$) \$750.00	Payee address; City; State; Zip Code  TX 78114	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FILING FEE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES 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: Sch: 24/24 Rpt: 78/78	2 FILER NAME Trevino, Brenda	3 Filer ID
4 Date 09/04/2025	5 Payee name WILSON COUNTY HISTORICAL SOCIETY	
6 Amount (\$) \$100.00	7 Payee address; City; State; Zip Code  FLORESVILLE, TX 78114	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting 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 CONTRIBUTION TOWARD EVENT
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 12/23/2025	Payee name WILSON COUNTY	Office held
Amount (\$) \$175.00	Payee address; City; State; Zip Code  1420 3rd St Ste 109 Floresville, TX 78114	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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 DEPOSIT FOR EXPO RENTAL
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
		Office held