

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.		<b>1</b> Filer ID (Ethics Commission Filers)	<b>2</b> Total pages filed: <u>78</u>
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR      FIRST      MI <u>Mrs.</u> <u>Brenda</u> <u>L</u>		<b>OFFICE USE ONLY</b>  Date Received  <div style="font-size: 24pt; font-weight: bold;">RECEIVED</div> <div style="font-size: 24pt; font-weight: bold;">JAN 15 2026</div> 
	NICKNAME      LAST      SUFFIX <u>Trevino</u>		
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;      APT / SUITE #;      CITY;      STATE;      ZIP CODE  <u>PO BOX 131, FLORESVILLE, TX 78114</u>		
	AREA CODE      PHONE NUMBER      EXTENSION ( <u>210</u> ) <u>317-2509</u>		
<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	MS / MRS / MR      FIRST      MI <u>Mr.</u> <u>James</u>		Date Hand-delivered or Date Postmarked  Receipt #      Amount \$  Date Processed  Date Imaged
	NICKNAME      LAST      SUFFIX <u>Jim</u> <u>Burdette</u>		
<b>6</b> CAMPAIGN TREASURER NAME	STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;      CITY;      STATE;      ZIP CODE  <u>221 Heritage View Dr, Adkins, TX 78101</u>		
	AREA CODE      PHONE NUMBER      EXTENSION ( <u>210</u> ) <u>253-0183</u>		
<b>7</b> CAMPAIGN TREASURER ADDRESS  (Residence or Business)	<b>8</b> CAMPAIGN TREASURER PHONE		
	<b>9</b> REPORT TYPE <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
<b>10</b> PERIOD COVERED	Month      Day      Year      Month      Day      Year <u>07</u> / <u>01</u> / <u>2025</u> THROUGH <u>12</u> / <u>31</u> / <u>2025</u>		
	<b>11</b> ELECTION ELECTION DATE      ELECTION TYPE Month      Day      Year <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <u>03</u> / <u>03</u> / <u>2026</u> <input type="checkbox"/> General <input type="checkbox"/> Special		
<b>12</b> OFFICE	<b>13</b> OFFICE SOUGHT (if known) <u>County Judge</u>		
	<b>14</b> 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	

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# 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)

☐ Additional Pages

This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

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

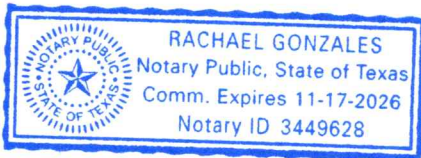
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 27,459.14

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

Rachael Gonzales

Printed name of officer administering oath

Notary

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

# 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 <hr/> <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)		
Date 11/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANDRISEK, CHANDA <hr/> 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 10/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AROCHA, LINO & SYLVIA <hr/> 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 <hr/> <b>6</b> Contributor address; City; State; Zip Code  FLORESVILLE, TX 78114	<b>7</b> Amount of Contribution (\$)  <div style="text-align: right; font-weight: bold;">\$150.00</div>
<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)		
Date 09/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AROCHA, SYLVIA <hr/> Contributor address; City; State; Zip Code 1509 2ND ST  FLORESVILLE, TX 78114	Amount of Contribution (\$)  <div style="text-align: right; font-weight: bold;">\$100.00</div>
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 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BARRERA, GRACE <hr/> Contributor address; City; State; Zip Code  SAN ANTONIO, TX	Amount of Contribution (\$)  <div style="text-align: right; font-weight: bold;">\$300.00</div>
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

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

**1** Total pages Schedule A(J)1:  
Sch: 3/36 Rpt: 6/78

**2** FILER NAME  
Trevino, Brenda

**3** Filer ID

**4** Date  
09/10/2025

**5** Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
BODIFORD, JALYN

**7** Amount of Contribution (\$)  
\$100.00

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

FLORESVILLE, TX 78114

**8** Contributor's Principal Occupation  
HR

**9** Contributor's Job Title  
HR

**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  
10/25/2025

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
BODIFORD, JALYN

Amount of Contribution (\$)  
\$1,025.00

Contributor address; City; State; Zip Code

236 SOUTHWOOD OAKS

FLORESVILLE, TX 78114

Contributor's Principal Occupation  
HR

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 ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
BODIFORD, LONNIE

Amount of Contribution (\$)  
\$100.00

Contributor address; City; State; Zip Code

236 SOUTHWOOD OAKS

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)



# 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

2 FILER NAME

Trevino, Brenda

3 Filer ID

4 Date  
10/25/2025

5 Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
BOENING, RUSSELL

7 Amount of Contribution (\$) \$250.00

6 Contributor address; City; State; Zip Code  
5145 FM 1344

FLORESVILLE, TX 78114

8 Contributor's Principal Occupation  
OWNER

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  
10/21/2025

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
BOENING, SCOTT & DIANE

Amount of Contribution (\$) \$750.00

Contributor address; City; State; Zip Code

POTH, TX 78114

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  
10/25/2025

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
BOENING, SCOTT & DIANE

Amount of Contribution (\$) \$1,600.00

Contributor address; City; State; Zip Code

POTH, TX 78147

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.**

**1** Total pages Schedule A(J)1:  
Sch: 5/36 Rpt: 8/78

**2** FILER NAME

Trevino, Brenda

**3** Filer ID

**4** Date  
09/11/2025

**5** Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
BRAVO, AMANDA

**7** Amount of Contribution (\$)  
\$10.00

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

FLORESVILLE, TX 78114

**8** Contributor's Principal Occupation  
AUDITOR

**9** Contributor's Job Title  
ASST. AUDITOR

**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  
10/24/2025

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
BROWDER, ALAN & DIANA

Amount of Contribution (\$)  
\$100.00

Contributor address; City; State; Zip Code

705 1ST ST

FLORESVILLE, TX 78114

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  
10/25/2025

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
CANTU, CHERYL

Amount of Contribution (\$)  
\$85.00

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:  
Sch: 6/36 Rpt: 9/78

2 FILER NAME

Trevino, Brenda

3 Filer ID

4 Date  
09/08/2025

5 Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
CANTU, FELIX

7 Amount of Contribution (\$)  
\$100.00

6 Contributor address; City; State; Zip Code

FLORESVILLE, TX 78114

8 Contributor's Principal Occupation  
CITY COUNCILMAN

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  
08/29/2025

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
CARRASCO, BRIANA

Amount of Contribution (\$)  
\$20.00

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  
07/01/2025

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
CASANOVA, JEANETTE

Amount of Contribution (\$)  
\$300.00

Contributor address; City; State; Zip Code

FLORESVILLE, TX 78114

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**

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

**1** Total pages Schedule A(J)1:  
Sch: 7/36 Rpt: 10/78

**2** FILER NAME  
Trevino, Brenda

**3** Filer ID

**4** Date  
09/13/2025

**5** Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
CASANOVA, LAURA

**7** Amount of Contribution (\$) \$30.00

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

TX

**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  
08/15/2025

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
CEDILLO, ROSIE

Amount of Contribution (\$) \$10.00

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  
08/17/2025

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
CORDES, GREG & ROSA

Amount of Contribution (\$) \$300.00

Contributor address; City; State; Zip Code

1605 CR 128

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)



# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:  
Sch: 8/36 Rpt: 11/78

2 FILER NAME

Trevino, Brenda

3 Filer ID

4 Date

10/25/2025

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

CORDES, GREG & ROSA

7 Amount of Contribution (\$)

\$50.00

6 Contributor address; City; State; Zip Code

1605 CR 128

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

10/25/2025

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

CRYSTAL, DUKE

Amount of Contribution (\$)

\$235.00

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

11/13/2025

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

DUGI, HANNAH

Amount of Contribution (\$)

\$10.00

Contributor address; City; State; Zip Code

TX

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)

# 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 <hr/> <b>6</b> Contributor address; City; State; Zip Code  FLORESVILLE, TX 78114	<b>7</b> Amount of Contribution (\$)  <div style="text-align: right;">\$105.00</div>
<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#: _____) FLORES, FRED & SANDRA <hr/> Contributor address; City; State; Zip Code  FLORESVILLE, TX 78114	Amount of Contribution (\$)  <div style="text-align: right;">\$100.00</div>
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 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FLORES, SANDRA <hr/> Contributor address; City; State; Zip Code  FLORESVILLE, TX 78114	Amount of Contribution (\$)  <div style="text-align: right;">\$300.00</div>
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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

Sch: 10/36 Rpt: 13/78

2 FILER NAME

Trevino, Brenda

3 Filer ID

4 Date  
09/13/2025

5 Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
FLORES, SANDRA

7 Amount of Contribution (\$)

\$250.00

6 Contributor address; City; State; Zip Code

FLORESVILLE, TX 78114

8 Contributor's Principal Occupation  
BANKING

9 Contributor's Job Title  
BANKER

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  
09/03/2025

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
FOWNER, CARL

Amount of Contribution (\$)

\$10.00

Contributor address; City; State; Zip Code

TX

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)

Date  
08/14/2025

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
FREASIER, BETTY

Amount of Contribution (\$)

\$300.00

Contributor address; City; State; Zip Code

3815 US HWY 181 N

FLORESVILLE, TX 78114

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.**

**1** Total pages Schedule A(J)1:  
Sch: 11/36 Rpt: 14/78

**2** FILER NAME

Trevino, Brenda

**3** Filer ID

**4** Date

10/25/2025

**5** Full name of contributor

FREASIER, BETTY

☐ out-of-state PAC (ID#: \_\_\_\_\_)

**7** Amount of Contribution (\$)

\$100.00

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

3815 US HWY 181 N

FLORESVILLE, TX 78114

**8** Contributor's Principal Occupation

OWNER

**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

08/30/2025

Full name of contributor

GARCIA, JESSE

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of Contribution (\$)

\$20.00

Contributor address; City; State; Zip Code

44 CR 165

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

10/25/2025

Full name of contributor

GONZALES, RACHAEL

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of Contribution (\$)

\$100.00

Contributor address; City; State; Zip Code

LA VERNIA, TX 78121

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:  
Sch: 12/36 Rpt: 15/78

2 FILER NAME

Trevino, Brenda

3 Filer ID

4 Date  
08/25/2025

5 Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
GRIMM, H.R.

7 Amount of Contribution (\$)

\$20.00

6 Contributor address; City; State; Zip Code

FLORESVILLE, TX 78114

8 Contributor's Principal Occupation  
RETIRED

9 Contributor's Job Title  
RETIRED

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 ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
GUERRA, VICTORIA

Amount of Contribution (\$)

\$40.00

Contributor address; City; State; Zip Code

2014 3RD 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  
10/25/2025

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
GUERRA, VICTORIA

Amount of Contribution (\$)

\$100.00

Contributor address; City; State; Zip Code

2014 3RD 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)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:  
Sch: 13/36 Rpt: 16/78

2 FILER NAME

Trevino, Brenda

3 Filer ID

4 Date  
07/08/2025

5 Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
GUERRERO, PAMELA

7 Amount of Contribution (\$)  
\$300.00

6 Contributor address; City; State; Zip Code

FLORESVILLE, TX 78114

8 Contributor's Principal Occupation  
BANKING

9 Contributor's Job Title  
BANKING

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 ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
GUZMAN, BELINDA

Amount of Contribution (\$)  
\$20.00

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 ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
HARLEE, TEDDI

Amount of Contribution (\$)  
\$100.00

Contributor address; City; State; Zip Code

TX

Contributor's Principal Occupation  
REALTOR

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.**

**1** Total pages Schedule A(J)1:  
Sch: 14/36 Rpt: 17/78

**2** FILER NAME  
Trevino, Brenda

**3** Filer ID

**4** Date  
11/12/2025

**5** Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
HAUSER, TIFFANY

**7** Amount of Contribution (\$)  
\$20.00

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

TX

**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  
07/10/2025

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
HEATHERLY, SHERRY

Amount of Contribution (\$)  
\$40.00

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)

Date  
08/14/2025

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
HENKE, VIOLA

Amount of Contribution (\$)  
\$150.00

Contributor address; City; State; Zip Code

118 COUNTY ROAD 405

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)

# 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 <hr/> <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 <hr/> 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 <hr/> 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 <hr/> <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)		
Date 10/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KOTOWSKI, JIM & DONNA <hr/> 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 <hr/> 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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:  
Sch: 17/36 Rpt: 20/78

2 FILER NAME

Trevino, Brenda

3 Filer ID

4 Date

11/12/2025

5 Full name of contributor

KOVAR, JOSH

☐ out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of Contribution (\$)

\$10.00

6 Contributor address; City; State; Zip Code

TX

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

09/09/2025

Full name of contributor

LABUS, KRISTIN

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of Contribution (\$)

\$50.00

Contributor address; City; State; Zip Code

POTH, TX 78147

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

08/02/2025

Full name of contributor

MARTINEZ, ROBERT

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of Contribution (\$)

\$200.00

Contributor address; City; State; Zip Code

CONVERSE, TX 78222

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 <input type="checkbox"/> out-of-state PAC (ID#: _____) MARTINEZ, ROBERT <hr/> <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 <input type="checkbox"/> out-of-state PAC (ID#: _____) MATHEAUS, AMANDA <hr/> 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 <input type="checkbox"/> out-of-state PAC (ID#: _____) MATHEAUS, AMANDA <hr/> 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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:  
Sch: 19/36 Rpt: 22/78

2 FILER NAME

Trevino, Brenda

3 Filer ID

4 Date

09/13/2025

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

MORIN, EUGENE

7 Amount of Contribution (\$)

\$100.00

6 Contributor address; City; State; Zip Code

1208 S 3RD ST

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

10/25/2025

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

MORIN, RAY & RACHEL

Amount of Contribution (\$)

\$100.00

Contributor address; City; State; Zip Code

FLORESVILLE, TX 78114

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

☐ out-of-state PAC (ID#: \_\_\_\_\_)

NIETO, DAVID

Amount of Contribution (\$)

\$100.00

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:  
Sch: 20/36 Rpt: 23/78

2 FILER NAME  
Trevino, Brenda

3 Filer ID

4 Date  
10/25/2025

5 Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
PALACIOS, CAROLYN

7 Amount of Contribution (\$) \$95.00

6 Contributor address; City; State; Zip Code

FLORESVILLE, TX 78114

8 Contributor's Principal Occupation  
ADMIN

9 Contributor's Job Title  
ADMIN

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  
07/01/2025

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
PALACIOS, JONI

Amount of Contribution (\$) \$100.00

Contributor address; City; State; Zip Code

POTH, TX 78147

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)

Date  
09/13/2025

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
PALACIOS, JONI

Amount of Contribution (\$) \$40.00

Contributor address; City; State; Zip Code

POTH, TX 78147

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 <input type="checkbox"/> out-of-state PAC (ID#: _____) PALACIOS, JONI <hr/> <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)		
Date 10/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PALACIOS, JONI <hr/> Contributor address; City; State; Zip Code  POTH, TX 78147	Amount of Contribution (\$)  \$100.00
Contributor's Principal Occupation IDC		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#: _____) PALACIOS, JONI <hr/> Contributor address; City; State; Zip Code  POTH, TX 78147	Amount of Contribution (\$)  \$220.00
Contributor's Principal Occupation IDC		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.

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

2 FILER NAME

Trevino, Brenda

3 Filer ID

4 Date  
09/13/2025

5 Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
PALACIOS, MADELYN

7 Amount of Contribution (\$) \$20.00

6 Contributor address; City; State; Zip Code

TX

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  
10/21/2025

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
PALACIOS, MADELYN

Amount of Contribution (\$) \$126.00

Contributor address; City; State; Zip Code

POTH, TX 78147

Contributor's Principal Occupation  
THERAPIST

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  
10/21/2025

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
PALACIOS, MADELYN

Amount of Contribution (\$) \$125.00

Contributor address; City; State; Zip Code

POTH, TX 78147

Contributor's Principal Occupation  
THERAPIST

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: 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 <hr/> <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)		
Date 10/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PAWELEK, RONALD & THERESA <hr/> 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 09/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) POLITICAL CONTRIBUTION-BURGER PLATE SALES, CASH <hr/> 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**

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

**1** Total pages Schedule A(J)1:  
Sch: 24/36 Rpt: 27/78

**2** FILER NAME

Trevino, Brenda

**3** Filer ID

**4** Date  
09/13/2025

**5** Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
POLITICAL CONTRIBUTION-BURGER PLATE SALES, CASH

**7** Amount of Contribution (\$)  
\$3,638.00

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

TX

**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 ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
QUINTANILLA, SYLVIA

Amount of Contribution (\$)  
\$200.00

Contributor address; City; State; Zip Code

PO BOX 562

STOCKDALE, TX 78114

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 ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
QUINTANILLA, SYLVIA

Amount of Contribution (\$)  
\$1,000.00

Contributor address; City; State; Zip Code

PO BOX 562

STOCKDALE, TX 78114

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 <hr/> <b>6</b> Contributor address; City; State; Zip Code PO BOX 562  STOCKDALE, TX 78114	<b>7</b> Amount of Contribution (\$)  <div style="text-align: right; font-weight: bold;">\$1,000.00</div>
<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)		
Date 09/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) QUIROZ, BRANDON <hr/> Contributor address; City; State; Zip Code  TX	Amount of Contribution (\$)  <div style="text-align: right; font-weight: bold;">\$10.00</div>
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 <hr/> Contributor address; City; State; Zip Code  TX	Amount of Contribution (\$)  <div style="text-align: right; font-weight: bold;">\$50.00</div>
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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

Sch: 26/36 Rpt: 29/78

2 FILER NAME

Trevino, Brenda

3 Filer ID

4 Date  
09/13/2025

5 Full name of contributor  
RITZEN, CYNTHIA

☐ out-of-state PAC (ID#: \_\_\_\_\_)

6 Contributor address; City; State; Zip Code

FLORESVILLE, TX 78114

7 Amount of Contribution (\$)

\$140.00

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  
08/26/2025

Full name of contributor  
RODRIGUEZ, ANGELICA

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code  
1403 S 2ND ST

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  
09/01/2025

Full name of contributor  
RODRIGUEZ, GABRIEL

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

POTH, TX 78147

Amount of Contribution (\$)

\$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**

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

**1** Total pages Schedule A(J)1:  
Sch: 27/36 Rpt: 30/78

**2** FILER NAME

Trevino, Brenda

**3** Filer ID

**4** Date  
09/13/2025

**5** Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
RODRIGUEZ, GABRIEL

**7** Amount of Contribution (\$)  
\$50.00

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

POTH, TX 78147

**8** Contributor's Principal Occupation  
OWNER

**9** Contributor's Job Title  
OWNER

**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  
10/18/2025

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
RODRIGUEZ, GABRIEL

Amount of Contribution (\$)  
\$1,000.00

Contributor address; City; State; Zip Code

PO BOX 693

POTH, TX 78147

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 ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
RODRIGUEZ, GABRIEL

Amount of Contribution (\$)  
\$1,325.00

Contributor address; City; State; Zip Code

PO BOX 693

POTH, TX 78147

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.**

**1** Total pages Schedule A(J)1:  
Sch: 28/36 Rpt: 31/78

**2** FILER NAME

Trevino, Brenda

**3** Filer ID

**4** Date  
08/25/2025

**5** Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
RODRIGUEZ, RUBY

**7** Amount of Contribution (\$)

\$20.00

**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 ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
RODRIGUEZ, RUBY

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 ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
ROGERS, RHEA NELL

Amount of Contribution (\$)

\$200.00

Contributor address; City; State; Zip Code

FLORESVILLE, TX 78114

Contributor's Principal Occupation

Contributor's Job Title

RETIRED

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 <hr/> <b>6</b> Contributor address; City; State; Zip Code  FLORESVILLE, TX 78114	<b>7</b> Amount of Contribution (\$)  <div style="text-align: right; font-weight: bold;">\$20.00</div>
<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)		
Date 10/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SEITZ, DEAN & MARGARET <hr/> Contributor address; City; State; Zip Code PO BOX 66  HARWOOD, TX 78632	Amount of Contribution (\$)  <div style="text-align: right; font-weight: bold;">\$1,500.00</div>
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#: _____) SILVA, ROXANNE <hr/> Contributor address; City; State; Zip Code  TX	Amount of Contribution (\$)  <div style="text-align: right; font-weight: bold;">\$20.00</div>
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: 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 <hr/> <b>6</b> Contributor address; City; State; Zip Code 1373 CR 128  FLORESVILLE, TX 78114	<b>7</b> Amount of Contribution (\$)  <div style="text-align: right; font-weight: bold;">\$500.00</div>
<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 09/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TALAMANTEZ, BEN <hr/> Contributor address; City; State; Zip Code 1373 COUNTY ROAD 128  FLORESVILLE, TX 78114	Amount of Contribution (\$)  <div style="text-align: right; font-weight: bold;">\$1,000.00</div>
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 10/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TALAMANTEZ, BEN <hr/> Contributor address; City; State; Zip Code 1373 CR 128  FLORESVILLE, TX 78114	Amount of Contribution (\$)  <div style="text-align: right; font-weight: bold;">\$185.00</div>
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.

1 Total pages Schedule A(J)1:  
Sch: 31/36 Rpt: 34/78

2 FILER NAME  
Trevino, Brenda

3 Filer ID

4 Date  
09/12/2025

5 Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
TALAMANTEZ, CHRISTOPHER

7 Amount of Contribution (\$) \$40.00

6 Contributor address; City; State; Zip Code  
1303 LONGHORN  
  
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 ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
TAYLOR, TERRY

Amount of Contribution (\$) \$10.00

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  
10/25/2025

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
THORN, BARBARA

Amount of Contribution (\$) \$363.79

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: 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 <hr/> <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)		
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TREVINO, CATHY <hr/> 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 09/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TREVINO, DANNY <hr/> 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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:  
Sch: 33/36 Rpt: 36/78

2 FILER NAME

Trevino, Brenda

3 Filer ID

4 Date

10/25/2025

5 Full name of contributor

TREVINO, JOSIE

☐ out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of Contribution (\$)

\$60.00

6 Contributor address; City; State; Zip Code

FLORESVILLE, TX 78114

8 Contributor's Principal Occupation

HEB

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

09/11/2025

Full name of contributor

TREVINO, JOSIE

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of Contribution (\$)

\$50.00

Contributor address; City; State; Zip Code

109 SOUTHWOOD OAKS

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

10/25/2025

Full name of contributor

TREVINO, ROLAND & DEBBIE

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of Contribution (\$)

\$100.00

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**

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

**1** Total pages Schedule A(J)1:  
Sch: 34/36 Rpt: 37/78

**2** FILER NAME

Trevino, Brenda

**3** Filer ID

**4** Date  
10/09/2025

**5** Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
TURNER, ANGELA

**7** Amount of Contribution (\$)  
\$100.00

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

TX

**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  
10/25/2025

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
TURNER, JASON

Amount of Contribution (\$)  
\$55.00

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  
09/08/2025

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
VILLARREAL, FRANK

Amount of Contribution (\$)  
\$250.00

Contributor address; City; State; Zip Code

FLORESVILLE, TX 78114

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 <hr/> <b>6</b> Contributor address; City; State; Zip Code  FLORESVILLE, TX 78114	<b>7</b> Amount of Contribution (\$)  <div style="text-align: right; font-weight: bold;">\$100.00</div>
<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 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) XIMENEZ, MARISSA <hr/> Contributor address; City; State; Zip Code  FLORESVILLE, TX 78114	Amount of Contribution (\$)  <div style="text-align: right; font-weight: bold;">\$100.00</div>
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 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) YOW, ELIZABETH <hr/> Contributor address; City; State; Zip Code  FLORESVILLE, TX 78114	Amount of Contribution (\$)  <div style="text-align: right; font-weight: bold;">\$300.00</div>
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 <hr/> <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 <hr/> 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 <hr/> 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>\$</b>	
<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>7</b> Contributor address; City; State; Zip Code  FLORESVILLE, TX 78114	<b>8</b> Amount of contribution (\$) \$750.00	<b>9</b> In-kind contribution description 22 MAG RIFLE  <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)			
Date 10/25/2025	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	Amount of contribution (\$) \$200.00	In-kind contribution description BOURBON WHISKEY SET  <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)			
Date 10/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRIANNE & BRADY, BAGGS Contributor address; City; State; Zip Code  FLORESVILLE, TX 78114	Amount of contribution (\$) \$115.00	In-kind contribution description RTIC COOLER WITH DRINKS AND SNACKS  <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>		1 Total pages Schedule A2: Sch: 2/15 Rpt: 41/78	
2 FILER NAME Trevino, Brenda		3 Filer ID	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 10/25/2025	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CANTU, JOSEPH & COURTNEY	8 Amount of contribution (\$) \$60.00	9 In-kind contribution description JON HART BAG
	7 Contributor address; City; State; Zip Code  FLORESVILLE, TX 78114	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL) ADMIN		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 10/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FREASIER, BETTY	Amount of contribution (\$) \$110.00	In-kind contribution description DIGITAL FRAME
	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.	
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)			
Date 10/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FREASIER, BETTY	Amount of contribution (\$) \$125.00	In-kind contribution description TALAVERA POT WITH TEXAS NATIVE PLANTS
	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.	
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: 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>\$</b>	
<b>5</b> Date 10/25/2025	<b>6</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FREASIER, BETTY <hr/> <b>7</b> Contributor address; City; State; Zip Code 3815 US HWY 181 N  FLORESVILLE, TX 78114	<b>8</b> Amount of contribution (\$) \$100.00	<b>9</b> In-kind contribution description MARGARITA BASKET <hr/> <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)					
Date 10/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FREASIER, BETTY <hr/> Contributor address; City; State; Zip Code 3815 US HWY 181 N  FLORESVILLE, TX 78114	Amount of contribution (\$) \$100.00	In-kind contribution description SUCCULENT GARDEN IN CLAY POT <hr/> <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)					
Date 10/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FREASIER, BETTY <hr/> Contributor address; City; State; Zip Code 3815 US HWY 181 N  FLORESVILLE, TX 78114	Amount of contribution (\$) \$300.00	In-kind contribution description FUSED GLASS CROSS <hr/> <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>\$</b>	
<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)					
Date 10/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LABUS, KRISTIN	Amount of contribution (\$) \$600.00	In-kind contribution description COASTAL GET-AWAY STAY		
	Contributor address; City; State; Zip Code  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)					
Date 10/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEAL, DORA	Amount of contribution (\$) \$50.00	In-kind contribution description NINE WET BACK PURSE		
	Contributor address; City; State; Zip Code  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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:

Sch: 5/15 Rpt: 44/78

2 FILER NAME

Trevino, Brenda

3 Filer ID

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date  
10/25/2025

6 Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
LEAL, DORA

7 Contributor address; City; State; Zip Code

FLORESVILLE, TX 78114

8 Amount of contribution (\$)  
\$50.00

9 In-kind contribution description  
MONTANA WEST  
PURSE & WALLET

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)

11 Employer (FOR NON-JUDICIAL) (See instructions)

12 Contributor's principal occupation (FOR JUDICIAL)

RETIRED

13 Contributor's job title (FOR JUDICIAL) (See instructions)

14 Contributor's employer/law firm (FOR JUDICIAL)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

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

Date  
10/25/2025

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
LEAL, DORA

Contributor address; City; State; Zip Code

FLORESVILLE, TX 78114

Amount of contribution (\$)  
\$100.00

In-kind contribution description  
GERMAN CHOCOLATE  
CAKE

☐ 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)

Date  
10/25/2025

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
LOPEZ, MANUEL & AIMEE

Contributor address; City; State; Zip Code

FLORESVILLE, TX 78114

Amount of contribution (\$)  
\$60.00

In-kind contribution description  
SERVING TRAY & HEB  
GIFT CARD

☐ 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>\$</b>	
<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.	
<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#: _____) 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.	
<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>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>\$</b>	
<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 <hr/> <b>7</b> Contributor address; City; State; Zip Code PO BOX 693  POTH, TX 78114	<b>8</b> Amount of contribution (\$) \$40.00	<b>9</b> In-kind contribution description SHOT GLASS GIFT 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) 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)			
Date 10/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RODRIGUEZ, GABE & MELISSA <hr/> Contributor address; City; State; Zip Code PO BOX 693  POTH, TX 78114	Amount of contribution (\$) \$100.00	In-kind contribution description CUISINART ICE CREAM MAKER WITH BAKER'S BASKET  <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)			
Date 10/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RODRIGUEZ, GABE & MELISSA <hr/> Contributor address; City; State; Zip Code PO BOX 693  POTH, TX 78114	Amount of contribution (\$) \$50.00	In-kind contribution description ANTIQUE SCHOOL DESK  <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

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A2: Sch: 8/15 Rpt: 47/78	
2 FILER NAME Trevino, Brenda			3 Filer ID	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS			\$	
5 Date 10/25/2025	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RODRIGUEZ, RUBY		8 Amount of contribution (\$) \$75.00	9 In-kind contribution description CARROT CAKE
7 Contributor address; City; State; Zip Code 1602 A ST  FLORESVILLE, TX 78114			<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)			11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)			13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)			15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date 10/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROGERS, RHEA NELL		Amount of contribution (\$) \$200.00	In-kind contribution description WINE AND GOBLET GIFT BASKET
Contributor address; City; State; Zip Code  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)				
Date 10/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROGERS, RHEA NELL		Amount of contribution (\$) \$125.00	In-kind contribution description BEACH BASKET
Contributor address; City; State; Zip Code  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)				

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 9/15 Rpt: 48/78	
2 FILER NAME Trevino, Brenda		3 Filer ID	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 10/25/2025	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROGERS, RHEA NELL 7 Contributor address; City; State; Zip Code  FLORESVILLE, TX 78114	8 Amount of contribution (\$) \$125.00	9 In-kind contribution description MOVIE NIGHT BASKET WITH DOMINO'S GIFT CARD  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL) RETIRED		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 10/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SILVA, GRACIE Contributor address; City; State; Zip Code  TX	Amount of contribution (\$) \$100.00	In-kind contribution description GALLON OF PEANUT BRITTLE  <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)			
Date 10/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SMITH, CHRIS & DEANA Contributor address; City; State; Zip Code  FLORESVILLE, TX 78114	Amount of contribution (\$) \$75.00	In-kind contribution description SHABBY CHIC SHELF  <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: 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>\$</b>	
<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>7</b> Contributor address; City; State; Zip Code  FLORESVILLE, TX 78114	<b>8</b> Amount of contribution (\$) \$50.00	<b>9</b> In-kind contribution description SHABBY CHIC COAT RACK  <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>Contributor address; City; State; Zip Code</b>  FLORESVILLE, TX 78114	<b>Amount of contribution (\$)</b> \$600.00	<b>In-kind contribution description</b> DOVE HUNT  <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>Contributor address; City; State; Zip Code</b> 1373 CR 128  FLORESVILLE, TX 78114	<b>Amount of contribution (\$)</b> \$900.00	<b>In-kind contribution description</b> SANTA MARIA CUSTOM GRILL  <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>\$</b>	
<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 <hr/> <b>7</b> Contributor address; City; State; Zip Code 113 PARKCREST  FLORESVILLE, TX 78114	<b>8</b> Amount of contribution (\$) \$50.00  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<b>9</b> In-kind contribution description COOLER WITH STANLEY CUPS
<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)			
Date 10/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TREVINO, TIM & BRENDA <hr/> Contributor address; City; State; Zip Code 113 PARKCREST  FLORESVILLE, TX 78114	Amount of contribution (\$) \$100.00  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	In-kind contribution description STANLEY SET AND LIQUOR TUB
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL) SALES/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)			
Date 10/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TREVINO, TIM & BRENDA <hr/> Contributor address; City; State; Zip Code 113 PARKCREST  FLORESVILLE, TX 78114	Amount of contribution (\$) \$100.00  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	In-kind contribution description ROCKING CHAIRS
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL) SALES/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)			

# 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>\$</b>	
<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
<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)					
Date 10/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TREVINO, TIM & BRENDA			Amount of contribution (\$) \$100.00	In-kind contribution description PATIO SET
Contributor address; City; State; Zip Code 113 PARKCREST  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) SALES/AUDITOR			Contributor's job title (FOR JUDICIAL) (See instructions) SALES/AUDITOR		
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)					
Date 10/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) YOW, BRAIDEN & TAYLOR			Amount of contribution (\$) \$75.00	In-kind contribution description OVERNIGHT BAG AND BLANKET SET
Contributor address; City; State; Zip Code 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) FIRST RESPONDER			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: 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>\$</b>	
<b>5</b> Date 10/25/2025	<b>6</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) YOW, ELIZABETH <hr/> <b>7</b> Contributor address; City; State; Zip Code 152 CR 158  FLORESVILLE, TX 78114	<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>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)					
Date 10/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) YOW, ELIZABETH <hr/> Contributor address; City; State; Zip Code 152 CR 158  FLORESVILLE, TX 78114	Amount of contribution (\$) \$50.00	In-kind contribution description FLORESVILLE SPIRIT BEARS	<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)					
Date 10/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) YOW, ELIZABETH <hr/> Contributor address; City; State; Zip Code 152 CR 158  FLORESVILLE, TX 78114	Amount of contribution (\$) \$50.00	In-kind contribution description SOLAR BIRD FOUNTAIN	<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: 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>7</b> Contributor address; City; State; Zip Code 152 CR 158  FLORESVILLE, TX 78114	<b>8</b> Amount of contribution (\$) \$75.00	<b>9</b> In-kind contribution description GOLF PUTTING MAT  <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)			
Date 10/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) YOW, ELIZABETH Contributor address; City; State; Zip Code 152 CR 158  FLORESVILLE, TX 78114	Amount of contribution (\$) \$25.00	In-kind contribution description SPINNING WOODEN PICTURE FRAMES  <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)			
Date 10/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) YOW, ELIZABETH Contributor address; City; State; Zip Code 152 CR 158  FLORESVILLE, TX 78114	Amount of contribution (\$) \$300.00	In-kind contribution description WAGON, UMBRELLA, BEACH SUPPLIES, CHAIRS  <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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:  
Sch: 15/15 Rpt: 54/78

2 FILER NAME

Trevino, Brenda

3 Filer ID

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date  
10/25/2025

6 Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
YOW, JOHN

7 Contributor address; City; State; Zip Code  
152 CR 158

FLORESVILLE, TX 78114

8 Amount of  
contribution (\$)  
\$60.00

9 In-kind contribution  
description  
GARDENING BAG  
W/TOOL SET

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)

11 Employer (FOR NON-JUDICIAL) (See instructions)

12 Contributor's principal occupation (FOR JUDICIAL)  
OWNER

13 Contributor's job title (FOR JUDICIAL) (See instructions)

14 Contributor's employer/law firm (FOR JUDICIAL)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

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

# 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.

<b>1</b> Total pages Schedule F1: Sch: 1/24 Rpt: 55/78	<b>2</b> FILER NAME Trevino, Brenda	<b>3</b> Filer ID
<b>4</b> Date 07/03/2025	<b>5</b> Payee name 1ST SOURCE DIGITAL	
<b>6</b> Amount (\$) \$649.50	<b>7</b> Payee address; City; State; Zip Code 4390 E FM 1518  SELMA, TX 78154	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</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
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/07/2025	Candidate/Officeholder name Office sought Office held	
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		
Date 09/15/2025	Candidate/Officeholder name Office sought Office held	
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		



# 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.

<b>1</b> Total pages Schedule F1: Sch: 2/24 Rpt: 56/78	<b>2</b> FILER NAME Trevino, Brenda	<b>3</b> Filer ID
<b>4</b> Date 09/18/2025	<b>5</b> Payee name 1ST SOURCE DIGITAL	
<b>6</b> Amount (\$) \$866.00	<b>7</b> Payee address; City; State; Zip Code  TX	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</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
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/14/2025	Candidate/Officeholder name	Office sought
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 <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/17/2025	Candidate/Officeholder name	Office sought
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 <u>ONLY</u> if direct expenditure to benefit C/OH		

# 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 ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 07/04/2025		Payee name AMAZON			
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 ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 08/11/2025		Payee name AMAZON			
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 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.

<b>1</b> Total pages Schedule F1: Sch: 4/24 Rpt: 58/78		<b>2</b> FILER NAME Trevino, Brenda		<b>3</b> Filer ID	
<b>4</b> Date 09/05/2025		<b>5</b> Payee name AMAZON			
<b>6</b> Amount (\$) \$13.99		<b>7</b> Payee address; City; State; Zip Code  TX			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense		<b>(b)</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	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 09/08/2025		Payee name AMAZON			
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 held	
Date 09/11/2025		Payee name AMAZON			
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 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.

<b>1</b> Total pages Schedule F1: Sch: 5/24 Rpt: 59/78	<b>2</b> FILER NAME Trevino, Brenda	<b>3</b> Filer ID
<b>4</b> Date 10/02/2025	<b>5</b> Payee name AMAZON	
<b>6</b> Amount (\$) \$150.21	<b>7</b> Payee address; City; State; Zip Code  TX	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</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
<b>9</b> 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.

<b>1</b> Total pages Schedule F1: Sch: 6/24 Rpt: 60/78	<b>2</b> FILER NAME Trevino, Brenda	<b>3</b> Filer ID
<b>4</b> Date 10/22/2025	<b>5</b> Payee name AMAZON	
<b>6</b> Amount (\$) \$96.09	<b>7</b> Payee address; City; State; Zip Code  TX	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</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
<b>9</b> 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	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</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	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</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.

<b>1</b> Total pages Schedule F1: Sch: 7/24 Rpt: 61/78	<b>2</b> FILER NAME Trevino, Brenda	<b>3</b> Filer ID
<b>4</b> Date 07/07/2025	<b>5</b> Payee name CAR STICKERS INC	
<b>6</b> Amount (\$) \$89.00	<b>7</b> Payee address; City; State; Zip Code 2146 NE 4TH ST  BEND, OR 97701	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</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
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/11/2025	Candidate/Officeholder name CASANOVA, LAURA	
Amount (\$) \$75.00	Office sought Office held	
	Payee name CASANOVA, LAURA	
	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		
Date 08/18/2025	Candidate/Officeholder name CASANOVA, LAURA	
Amount (\$) \$70.00	Office sought Office held	
	Payee name CASANOVA, LAURA	
	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.

<b>1</b> Total pages Schedule F1: Sch: 8/24 Rpt: 62/78	<b>2</b> FILER NAME Trevino, Brenda	<b>3</b> Filer ID
<b>4</b> Date 10/06/2025	<b>5</b> Payee name CASANOVA, LAURA	
<b>6</b> Amount (\$) \$400.00	<b>7</b> Payee address; City; State; Zip Code  FLORESVILLE, TX 78114	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</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
<b>9</b> 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	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</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	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</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 Office held
Date 10/23/2025	Payee name DOLLAR TREE	
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 Office held
Date 12/15/2025	Payee name DROPBOX	
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.

<b>1</b> Total pages Schedule F1: Sch: 10/24 Rpt: 64/78	<b>2</b> FILER NAME Trevino, Brenda	<b>3</b> Filer ID
<b>4</b> Date 07/16/2025	<b>5</b> Payee name FARMHAUS TABLE	
<b>6</b> Amount (\$) \$137.69	<b>7</b> Payee address; City; State; Zip Code 2239 FM 3432  ADKINS, TX 78101	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</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
<b>9</b> Complete <u>ONLY</u> 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; State; Zip Code  HELOTES, TX	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</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 <u>ONLY</u> 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; State; Zip Code  FLORESVILLE, TX 78114	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</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 <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.

<b>1</b> Total pages Schedule F1: Sch: 11/24 Rpt: 65/78	<b>2</b> FILER NAME Trevino, Brenda	<b>3</b> Filer ID
<b>4</b> Date 09/28/2025	<b>5</b> Payee name FLORESVILLE EDUCATION FOUNDATION	
<b>6</b> Amount (\$) \$800.00	<b>7</b> Payee address; City; State; Zip Code  FLORESVILLE, TX 78114	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</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
<b>9</b> Complete <u>ONLY</u> 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	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</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
Date 08/18/2025	Payee name HEB	
Amount (\$) \$145.36	Payee address; City; State; Zip Code  FLORESVILLE, TX 78114	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</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 <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.

<b>1</b> Total pages Schedule F1: Sch: 12/24 Rpt: 66/78	<b>2</b> FILER NAME Trevino, Brenda	<b>3</b> Filer ID
<b>4</b> Date 09/12/2025	<b>5</b> Payee name HEB	
<b>6</b> Amount (\$) \$109.01	<b>7</b> Payee address; City; State; Zip Code  FLORESVILLE, TX 78114	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</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
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/27/2025	Candidate/Officeholder name Office sought Office held	
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 <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/25/2025	Candidate/Officeholder name Office sought Office held	
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 <u>ONLY</u> if direct expenditure to benefit C/OH		

# 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.

<b>1</b> Total pages Schedule F1: Sch: 13/24 Rpt: 67/78	<b>2</b> FILER NAME Trevino, Brenda	<b>3</b> Filer ID
<b>4</b> Date 10/25/2025	<b>5</b> Payee name HEB	
<b>6</b> Amount (\$) \$93.73	<b>7</b> Payee address; City; State; Zip Code  FLORESVILLE, TX 78114	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</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
<b>9</b> 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	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</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	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</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: Sch: 14/24 Rpt: 68/78	2 FILER NAME 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 ONLY 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 ONLY 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 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.

<b>1</b> Total pages Schedule F1: Sch: 15/24 Rpt: 69/78	<b>2</b> FILER NAME Trevino, Brenda	<b>3</b> Filer ID
<b>4</b> Date 09/15/2025	<b>5</b> Payee name PFEIL, MELISSA	
<b>6</b> Amount (\$) \$797.92	<b>7</b> Payee address; City; State; Zip Code  FLORESVILLE, TX 78114	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</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
<b>9</b> 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	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</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 ANTONIO, TX 78222	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</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  
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.

<b>1</b> Total pages Schedule F1: Sch: 16/24 Rpt: 70/78	<b>2</b> FILER NAME Trevino, Brenda	<b>3</b> Filer ID
<b>4</b> Date 09/15/2025	<b>5</b> Payee name SAMS CLUB	
<b>6</b> Amount (\$) \$146.88	<b>7</b> Payee address; City; State; Zip Code  SAN ANTONIO, TX 78222	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</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
<b>9</b> 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	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</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	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</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; 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		
Date 10/17/2025	Candidate/Officeholder name Payee name SIGNAD LTD	
Amount (\$) \$822.50	Office sought Payee address; City; State; Zip Code PO BOX 8626  HOUSTON, TX 77249	
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 <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/14/2025	Candidate/Officeholder name Payee name SIGNAD LTD	
Amount (\$) \$822.50	Office sought Payee address; City; State; Zip Code PO BOX 8626  HOUSTON, TX 77249	
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 <u>ONLY</u> if direct expenditure to benefit C/OH		

# 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.

<b>1</b> Total pages Schedule F1: Sch: 18/24 Rpt: 72/78	<b>2</b> FILER NAME Trevino, Brenda	<b>3</b> Filer ID
<b>4</b> Date 12/12/2025	<b>5</b> Payee name SIGNAD LTD	
<b>6</b> Amount (\$) \$822.50	<b>7</b> Payee address; City; State; Zip Code PO BOX 8626  HOUSTON, TX 77249	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</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
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/04/2025	Candidate/Officeholder name SILVA, NICHOLAS	
Amount (\$) \$125.00	Office sought Office held	
	Payee address; City; State; Zip Code  FLORESVILLE, TX 78114	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</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		
Date 09/15/2025	Candidate/Officeholder name SQUEAK'S	
Amount (\$) \$25.92	Office sought Office held	
	Payee address; City; State; Zip Code  FLORESVILLE, TX 78114	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</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		

# 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 ONLY 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 ONLY 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 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: 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		
Date 07/31/2025	Candidate/Officeholder name Office sought Office held	
Payee name TRACTOR SUPPLY		
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		
Date 08/11/2025	Candidate/Officeholder name Office sought Office held	
Payee name TRACTOR SUPPLY		
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		

# 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.

<b>1</b> Total pages Schedule F1: Sch: 21/24 Rpt: 75/78	<b>2</b> FILER NAME Trevino, Brenda	<b>3</b> Filer ID
<b>4</b> Date 11/12/2025	<b>5</b> Payee name TREVINO, BRENDA	
<b>6</b> Amount (\$) \$1,000.00	<b>7</b> Payee address; City; State; Zip Code 113 PARKCREST  FLORESVILLE, TX 78114	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	<b>(b)</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
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/11/2025	Candidate/Officeholder name USPS	
Amount (\$) \$78.00	Office sought FLORESVILLE, TX 78114	
Office held		
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) STAMPS	<b>(b)</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
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		
Date 09/17/2025	Candidate/Officeholder name USPS	
Amount (\$) \$78.00	Office sought FLORESVILLE, TX 78114	
Office held		
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</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
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		

# 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.

<b>1</b> Total pages Schedule F1: Sch: 22/24 Rpt: 76/78		<b>2</b> FILER NAME Trevino, Brenda		<b>3</b> Filer ID	
<b>4</b> Date 09/29/2025		<b>5</b> Payee name USPS			
<b>6</b> Amount (\$) \$15.60		<b>7</b> Payee address; City; State; Zip Code  FLORESVILLE, TX 78114			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense		<b>(b)</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	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
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		<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense		<b>(b)</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 <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
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		<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense		<b>(b)</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 <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	



# 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 ONLY 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 ONLY 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 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: 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 Office held		
Date 12/23/2025		Payee name WILSON COUNTY		
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		