CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Comm	nission Filers)	2 Total pages filed: 25	OFFICE USE ONLY
3 CANDIDATE/ OFFICEHOLDER NAME	MS/MRS/MR FIRST Brenda NICKNAME LAST Trevino	MI L SUFFIX	SEP 1 9 2025
4 ORIGINAL REPORT TYPE	30th day before election	ceeded modified reporting	Date Hand-delivered or Date Postmarked Receipt # Amount \$
5 ORIGINAL PERIOD COVERED	Month Day Year	HROUGH 06 202	Date Processed Date Imaged
6 EXPLANATION OF CO	Incorrect last name listed on a Address shown for same perso was corrected to 9720 Elmendorf Payon Toyan Payel Marketing	5 contribution. Original report shows Felicia Carvajal on was reported as 9729 Elmendorf La Vernia Rd, Sai f La Vernia Rd, San Antonio, TX 78223 after confirmin " address was reported as 9729 Elmendorf La Vernia correct address is 9720 Elmendorf La Vernia Rd, Sar	n Antonio, 1X 78223. Address ng with donor. Rd. San Antonio. TX 78223. After
7 SIGNATURE I SWE	ear, or affirm, under penalty of	f perjury, that this corrected repo	rt is true and correct.
	ck ONLY if applicable:		
Semiannua	I reports: I swear, or affirm, that	the original report was made in goo	od faith and without an intent to
mislead or t	to misrepre-sent the information of	contained in the report.	
	ts: I swear, or affirm, that I am fi ed that the report as originally file the report as originally filed was	iling this corrected report not later the dis inaccurate or incomplete. I sw made in good faith.	rear, or affirm, that any error or
	***************************************	Depen	idate/Officeholder
(1) Affidavi	CAROLYN LEAL PALACIOS NOTARY PUBLIC STATE OF TEXAS ID # 1162368-3 My Comm. Expires 10-22-2025	Signature of Cand	
NOTARY STAMP/SE. Sworn to and subscribe	Branda Ty	Tevin D this the	19 th September
1			
20 , to certif	fy which, witness my hand and seal of of the company of the compan	ffice. Un Lew Palacios e of officer administering oath	Title of officer administering oath
		OR	
(2) Unsworn Declara	tion		
My name is		, and my date of birth is	S
,	(street)		(state) (zip code) (country)
Executed in	, ,	, on the day of (mont	th) 20
		Signature of Cand	idate/Officeholder (Declarant)
Remember To Att	ach Any Part Of The Campaigr	n Finance Report Form Needed To	Report And Explain Corrections

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

The JC/OH Instruction (Guide explains how t	o complete this form.	1 File	r ID (Ethics	Commission Filers)	2 Total pages fil	ed: 2 <u>4</u>
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR Mrs.	FIRST Brenda			MI L	OFFICE	USE ONLY
NAME	NICKNAME	LAST Trevino			SUFFIX	Pate Received RECEIVED	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	PO BOX 131,	APT / SUITE #;	CITY; 3114	STATE;	ZIP CODE	SEP 19	2025 W
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (<u>210</u>) <u>3</u>	PHONE NUMBER 17-2509		EXTENS	SION	Date Hand-delivered	d or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr. NICKNAME	FIRST <u>James</u> LAST			MI SUFFIX	Date Processed	/ Amount
	Jim	Burdette				Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	,	PO BOX PLEASE); APT / S View Dr, Adkins, TX 7		CIT	Υ;	STATE;	ZIP CODE
(Residence or Business)							
8 CAMPAIGN TREASURER PHONE	AREA CODE (<u>210</u>) <u>2</u>	PHONE NUMBER 253-0183		EXTENS	SION		
9 REPORT TYPE	January 15	30th day before			unoff	treasurer a (Officehold	
	X July 15	8th day before el	ection		ceeded Modified eporting Limit	Final Repo	ort (Attach C/OH - FR)
10 PERIOD COVERED	Month <u>04</u>	Day Year 2025	TH	IROUGH	Month <u>06</u>	Day Yea	
11 ELECTION		Year X Primary 2026 General		Runoff Special	Other Description		
12 OFFICE	OFFICE HELD (if any)	·			E SOUGHT (if known	n)	
14 NOTICE FROM POLITICAL		OF POLITICAL CONTRIBUTIONS HOLDER. THESE EXPENDITURE AND OFFICEHOLDERS ARE REQU					
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME					
Additional Pages	GENERAL	COMMITTEE ADDRESS					
	SPECIFIC	COMMITTEE CAMPAIGN TR	EASURER	NAME			
		COMMITTEE CAMPAIGN TO	REASURE	ADDRESS			
GO TO PAGE 2							

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 2

15 JC/OH NAME	16 File	er ID (Ethics Commission Filers)				
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$				
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ \$13,955.00				
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$				
	4. TOTAL POLITICAL EXPENDITURES	\$ \$8,190.64				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ \$4,642.04				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ \$2,000.00				
	wear, or affirm, under penalty of perjury, that the accompanying report is true and co uired to be reported by me under Title 15, Election Code.	prrect and includes all information				
req	ulled to be reported by the under Title 15, Election 5500.					
	Signature of Candidate	e/Officeholder				
	Please complete either option below:					
. 10400 00111111111111111111111111111111						
	CAROLYN LEAL PALACIOS					
(1) Affidavit	NOTARY PUBLIC STATE OF TEXAS ID # 1162368-3 My Comm. Expires 10-22-2025					
NOTARY STAMP/SEA	L					
	before me by Brenda Trevino this the 1944	ay of September				
20 <u>25</u> , to certify	which, witness my hand and seal of office.					
Signature of officer administr	Carolin Leal-Palacios	Title of officer administering oath				
Signature of officer durining						
OR						
(2) Unsworn Declarati	ion					
My name is	, and my date of birth is					
iviy addices is		(zip code) (country)				
	(2,224)					
Executed in	County, State of , on the day of(month)	, 20 (year)				
	Signature of Candidate/Of	ficeholder (Declarant)				

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

19	FILER NAME Brenda Trevino	20 Filer ID (Ethics Commission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 13,955.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <u>N/A</u>
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	X SCHEDULE E: LOANS	\$ <u>2,000.00</u>
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL	CONTRIBUTIONS \$ 7,554.74
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITIC	AL CONTRIBUTIONS \$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL	FUNDS \$ 635.90
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	O A BUSINESS OF C/OH \$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL	CONTRIBUTIONS \$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIL TO FILER	BUTIONS RETURNED \$

SCHEDULE A(J)1

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

	TI	ne Instruction Guide explains how to complete this fo	rm.	1 Total pages Schedule A(J)1:		
2	FILER NAME			3 Filer ID (Ethics Commission Filers)		
_	Brenda Tre	evino				
			D#:)	7 Amount of contribution (\$)		
4	Date		/#/	Amount of continuous. (4)		
		Richard Jackson		\$500.00		
		6 Contributor address; City;		\$500.55		
		PO Box 272, Stockdale, TX 78160				
8	Contributor's p	principal occupation	9 Contributor's job title			
10	Contributor's e	employer/law firm	11 Law firm of contributor	's spouse (if any)		
12	12 If contributor is a child, law firm of parent(s) (if any)					
	Date	Full name of contributor out-of-state PAC	D#:)	Amount of contribution (\$)		
		James Burdette		64.000		
	05/02/2025			<u>\$1,000</u>		
		Contributor address; City;	State; Zip Code			
		221 Heritage View Dr, Adkins, TX 78101				
	Contributor's p	orincipal occupation	Contributor's job title			
	Contributor's	employer/law firm	Law firm of contributo	r's spouse (if any)		
	If contributor is	s a child, law firm of parent(s) (if any)				
_	Date	Full name of contributor out-of-state PAC	D#:)	Amount of contribution (\$)		
		Robert Baird				
	05/21/2025			\$250		
		Contributor address; City;	State: Zip Code	Anna.		
	8847 Van Allen Dr, The Woodlands, TX 77381					
	Contributor's	principal occupation	Contributor's job title			
	Contributor's employer/law firm Law firm of contributor's spouse (if any)					
-	If contributor i	s a child, law firm of parent(s) (if any)	I			
=						

SCHEDULE A(J)1

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

		1 Total pages Schedule A(J)1:
	The Instruction Guide explains how to complete this form.	
2	FILER NAME	3 Filer ID (Ethics Commission Filers)
	Brenda Trevino	
4	Date 5 Full name of contributor out-of-state PAC ID#:	7 Amount of contribution (\$)
	Leroy Nitschmann	
	05/21/2025	\$1,000
		; Zip Code
	1506 5th St, Floresville, Tx 78114	
Q	Contributor's principal occupation 9 Con	tributor's job title
0	Contributor of principal descipation	
10	Contributor's employer/law firm	firm of contributor's spouse (if any)
10	Contributor's employer/law firm	min or contributor's spouse (ii arry)
12	If contributor is a child, law firm of parent(s) (if any)	
	Date Full name of contributor out-of-state PAC ID#:	Amount of contribution (\$)
	Date Full name of contributor Unit-of-state FAC 15#.	Amount of contribution (#)
	Ben Talamantez	\$500
	05/29/2025 Contributor address; City; State	; Zip Code \$500
	Floresville, TX	
		taibutada jab titla
	Contributor's principal occupation Con	tributor's job title
	Contributor's employer/law firm	firm of contributor's spouse (if any)
	If contributor is a child, law firm of parent(s) (if any)	
==	Date Full name of contributor out-of-state PAC ID#:	
	Date Full name of contributor out-of-state PAC ID#:	Amount of contribution (\$)
	05/29/2025 Clinton & Heather Wyatt	00.500
	Contributor address; City; State	\$2,500 :: Zip Code
	503 Dismuke Lane, Floresville, TX 78114	
	Contributor's principal occupation	ntributor's job title
	Contributor's employer/law firm	firm of contributor's spouse (if any)
	If contributor is a child, law firm of parent(s) (if any)	
_		
_		

SCHEDULE A(J)1

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

-					
	7	he Instruction Guide explains how to complete this fo	1 Total pages Schedule A(J)1:		
2	2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
_	Brenda	revino			
4	Date	5 Full name of contributor ut-of-state PAC ID	#:)	7 Amount of contribution (\$)	
		Charco Cattle Feeders			
	05/29/2025			\$2,500	
		6 Contributor address; City;	State; Zip Code		
		563 CR 308, 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 i	s a child, law firm of parent(s) (if any)			
=	Date	Full name of contributor	D#:)	Amount of contribution (\$)	
	Date			Amount of contribution (4)	
	06/04/2025	Skylar Yow		\$100	
	06/04/2025	Contributor address; City;	State; Zip Code	\$100	
		Floresville, TX			
-	Contributor's	principal occupation	Contributor's job title		
-	Contributor's	employer/law firm	Law firm of contributor	's spouse (if any)	
-	If contributor i	s a child, law firm of parent(s) (if any)			
=					
	Date	Full name of contributor out-of-state PAC ID)#:)	Amount of contribution (\$)	
	06/04/2025	Braiden Yow			
	06/04/2025	Contributor address; City;	State: Zip Code	\$100	
		Floresville, TX 78114			
L					
	Contributor's	principal occupation	Contributor's job title		
	Contributor's employer/law firm Law firm of contributor's spouse (if any)				
-	If contributor i	s a child, law firm of parent(s) (if any)			
F					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

SCHEDULE A(J)1

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

	Т	he Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A(J)1:
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	Brenda 1	revino		
4	Date	5 Full name of contributor ut-of-state PAC II	D#:)	7 Amount of contribution (\$)
		Dean Seitz		
	06/17/2025	6 Contributor address; City;	State; Zip Code	\$500
			State, Zip Code	,
		PO Box 76, Harwood, TX 78632		
8	Contributor's p	rincipal occupation	9 Contributor's job title	
10	Contributor's e	employer/law firm	11 Law firm of contributor	r's spouse (if any)
12	If contributor is	s a child, law firm of parent(s) (if any)		
	Date	Full name of contributor out-of-state PAC II	D#:)	Amount of contribution (\$)
		Lyle & Michelle Key		
	06/25/2025			\$300
		Contributor address; City;	State; Zip Code	
		304 Mills Lane, Floresville, TX		
	Contributor's p	principal occupation	Contributor's job title	
	Contributor's e	employer/law firm	Law firm of contributor	r's spouse (if any)
-	If contributor is	s a child, law firm of parent(s) (if any)		
	Date	Full name of contributor out-of-state PAC	D#:)	Amount of contribution (\$)
		Theresa & Ronald Pawelek		
	06/25/2025	Theresa & Ronald Fawerek		\$300
		Contributor address; City;	State: Zip Code	
		779 CR 304, 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	s a child, law firm of parent(s) (if any)		
-				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

SCHEDULE A(J)1

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

				1	Total pages Schedule A(J)1:	
	TI	he Instruction Guide explains how to complete this fo	rm.		Elle ID (5this Operation Eller)	
2	FILER NAME			3	Filer ID (Ethics Commission Filers)	
	Brenda T	revino				
4	Date	5 Full name of contributor uut-of-state PAC)#:)	7	Amount of contribution (\$)	
		Cynthia Ritzen				
	05/29/2025	6 Contributor address; City;	State; Zip Code		\$200	
		205 Johnson St, Floresville, TX 78114				
8	Contributor's p	principal occupation	9 Contributor's job title			
10	Contributor's e	employer/law firm	11 Law firm of contributor	r's sp	oouse (if any)	
12	If contributor is	s a child, law firm of parent(s) (if any)				
	Data	Full name of contributor out-of-state PAC	D#:)		Amount of contribution (\$)	
	Date					
	06/13/2025	Rachael Gonzales			\$300	
	00/13/2023		State; Zip Code			
		205 Oak Hollow Dr, La Vernia, TX 78121				
	Contributor's	principal occupation	Contributor's job title	1		
	,					
	Contributor's	employer/law firm	Law firm of contributo	r's s	pouse (if any)	
-	If contributor i	s a child, law firm of parent(s) (if any)				
_				T		
	Date	Full name of contributor uut-of-state PAC	D#:)		Amount of contribution (\$)	
	06/00/0005	Jeanette Casanova			#200	
	06/29/2025 Contributor address; City; State: Zip Code 330 CP 151 Floresville TX 78114				\$300	
	239 CR 151, Floresville, TX 78114					
	Contributor's	principal occupation	Contributor's job title			
-	Contributor's employer/law firm Law firm of contributor's spouse (if any)					
	Contributor's	employer/law lifth	Law mill of common			
-	16	in a shill low firm of parant(a) (if any)				
	if contributor	is a child, law firm of parent(s) (if any)				
=						

SCHEDULE A(J)1

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

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A(J)1:						
2 FILER NAME Brenda Trevino	3 Filer ID (Ethics Commission Filers)						
Date Date S Full name of contributor	7 Amount of contribution (\$) \$100						
8 Contributor's principal occupation 9 Contributor's job title							
10 Contributor's employer/law firm 11 Law firm of contributor	or's spouse (if any)						
12 If contributor is a child, law firm of parent(s) (if any)							
Date Full name of contributor out-of-state PAC ID#:	Amount of contribution (\$)						
O6/30/2025 Grace Barrera Contributor address; City; State; Zip Code 1427 3rd Street, Floresville, TX 78114	\$300						
Contributor's principal occupation Contributor's job title							
Contributor's employer/law firm Law firm of contribut	or's spouse (if any)						
If contributor is a child, law firm of parent(s) (if any)							
Date Full name of contributor out-of-state PAC D#:	Amount of contribution (\$)						
O6/30/2025 Sandra Flores Contributor address; City; State: Zip Code Abrego Lake Dr, Floresville, TX 78114	\$300						
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)	If contributor is a child, law firm of parent(s) (if any)						

SCHEDULE A(J)1

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

	The Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A(J)1:		
2	FILER NAME Brenda Trevino		3 Filer ID (Ethics Commission Filers)		
	Crystal Duke Fernandez	State; Zip Code	7 Amount of contribution (\$) \$300		
8	Contributor's principal occupation	9 Contributor's job title			
	Contributor's employer/law firm	11 Law firm of contributor	r's spouse (if any)		
12	If contributor is a child, law firm of parent(s) (if any)				
	Date Full name of contributor out-of-state PAC Elizabeth Yow Contributor address; City; 152 CR 158, Floresville, TX 78114	State; Zip Code	Amount of contribution (\$) . \$200		
	Contributor's principal occupation	Contributor's job title			
	Contributor's employer/law firm	Law firm of contributo	r's spouse (if any)		
	If contributor is a child, law firm of parent(s) (if any)				
	Date Full name of contributor out-of-state PAC Carolyn Palacios Contributor address; City; 203 Windcrest Dr, Floresville, TX 78114		Amount of contribution (\$) . \$200		
	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)				
F					

SCHEDULE A(J)1

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

	Т	he Instruction Guide explains how to complete this fo	rm.	1 Total pages Schedule A(J)1:
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	Brenda 7	revino		
4	Date	5 Full name of contributor ut-of-state PAC ID	#:)	7 Amount of contribution (\$)
	05/40/0005	Felicia Gaytan		\$5
	05/12/2025	6 Contributor address; City;	State; Zip Code	33
		9720 Elmendorf La Vernia Rd, San Antonio	TY 78223	
-		9720 Elilleridon La Vernia Rd, San Antonio	, 17 70223	
8	Contributor's p	rincipal occupation	9 Contributor's job title	
10	Contributor's e	mployer/law firm	11 Law firm of contributor	r's spouse (if any)
12	if contributor is	a child, law firm of parent(s) (if any)		
	D-4-	Full name of contributor	#:)	Amount of contribution (6)
	Date	Tail Hallie of contributor Q survivate 176	,	Amount of contribution (\$)
		April Caldwell		****
	06/10/2025	Contributor address; City;	State; Zip Code	\$300
		177 Copper Ridge, La Vernia TX 78121		
	Contributor's p	rincipal occupation	Contributor's job title	
	Contributor's e	mployer/law firm	Law firm of contributor	r's spouse (if any)
	If contributor is	s a child, law firm of parent(s) (if any)		
			u.	
	Date	Full name of contributor Q out-of-state PAC ID)#)	Amount of contribution (\$)
	06/13/2025	Evelyn Huron		
	00/13/2023	Contributor address; City;	State: Zip Code	\$300
		14006 N Hills Village, SA TX 78249		
		14000 N Tills Village, SA TA 70249		
	Contributor's p	principal occupation	Contributor's job title	
Contributor's employer/law firm Law firm of contributor's spouse (if any)				
	If contributor is	s a child, law firm of parent(s) (if any)		

SCHEDULE A(J)1

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

				1	Total pages Schedule A(J)1:
	The	Instruction Guide explains how to complete this fo	rm.		
2	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Brenda Tre	evino			
4	Date 5	Full name of contributor out-of-state PAC [)#:)	7	Amount of contribution (\$)
		Jalyn Bodiford			***
	05/12/2025	Contributor address; City;			\$300
	6				
		236 Southwood Oaks, Floresville, TX 7811	4		
8	Contributor's prin	ncipal occupation	9 Contributor's job title		
10	Contributor's em	ployer/law firm	11 Law firm of contributor	's sp	pouse (if any)
12	If contributor is a	child, law firm of parent(s) (if any)			
=		Full name of contributor out-of-state PAC	D#-)		(0)
	Date	Full name of contributor out-of-state PAC	J#		Amount of contribution (\$)
		Diana Browder			\$300
	06/16/2025	Contributor address; City;	State; Zip Code		\$300
		705 1st St, Floresville, TX 78114			
_			Contributor's job title		
	Contributor's pri	ncipal occupation	Contributor's job title		
_	O-t-ib-t-d-	alous Aou firm	Law firm of contributo	r'e e	nouse (if any)
	Contributor's em	ployer/law IIIIII	Law IIIII of contribute		, a.,,,
_	If contributor is s	a child, law firm of parent(s) (if any)			
	ii contributor is a	a crind, law in the parent(s) (in arry)			
F	Date	Full name of contributor out-of-state PAC	D#:)		Amount of contribution (\$)
		Stephanie Garcia			
	06/19/2025	Contributor address; City;			\$100
			State: Zip Code		
		Parkcrest, Floresville, TX 78114			
-	Contributor's pri	ncipal occupation	Contributor's job title		
-	Contributor's em	nployer/law firm	Law firm of contribute	r's s	spouse (if any)
-	If contributor is	a child, law firm of parent(s) (if any)			
1					

SCHEDULE A(J)1

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

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A(J)1:
2 FILER NAME Brenda Trevino	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC ID#: Sylvia Arocha 6 Contributor address; City; State; Zip Code Fifth Street, Floresville, TX 78114	7 Amount of contribution (\$) \$300
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 Full name of contributor out-of-state PAC ID#:	Amount of contribution (\$)
O6/30/2025 Contributor address; City; State; Zip Code 1805 Jasmine, Floresville, TX 78114	<u>\$300</u>
Contributor's principal occupation Contributor's job title	
Contributor's employer/law firm Law firm of contributor	r's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	
Date Full name of contributor out-of-state PAC ID#:	Amount of contribution (\$)
06/25/2025 Contributor address; City; State: Zip Code 500 Labus Lane, Poth, TX 78147	<u>\$300</u>
Contributor's principal occupation Contributor's job title	
Contributor's employer/law firm Law firm of contributor	r's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

The Instruction Guide explains how to complete this form	m. 1 Total pages Schedule A2:			
2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
Brenda Trevino				
Brenda Trevino				
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS \$			
Full name of contributor	Contribution \$ description			
0010410000	Zip Code 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) Sales	13 Contributor's job title (FOR JUDICIAL) (See Instructions) Owner			
14 Contributor's employer/law firm (FOR JUDICIAL) Dos Pendejos	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date Full name of contributor	Amount of In-kind contribution Contribution \$ description Zip Code Check if travel outside of Texas. Complete Schedule T			
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)				
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)			
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
ATTACH ADDITIONAL CODIES OF	THIS SCHEDULE AS NEEDED			

LOANS (JUDICIAL)

SCHEDULE E(J)

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

The Ins	struction Guide explains how to complete this fo	orm.	1 Total pages Schedule E(J):
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Brenda Trev	ino		
4 TOTAL OF UNI	TEMIZED LOANS		\$
5 Date of loan	7 Name of lender out-of-state_PAC (ID#:)	9 Loan Amount (\$)
05/12/2025	Brenda Trevino		\$2,000
6 Is lender a financial Institution?	8 Lender address; City; 113 Parkcrest, Floresville, TX 78114	State; Zip Code	10 Interest rate
Y 🗓 N			11 Maturity date
12 Lender's Principal	Occupation	13 Lender's Job Title	
Auditor		County Auditor	
14 Lender's Employer		15 Law Firm of lender's spous	se (if any)
Wilson County			
16 If lender is a child,	law firm of parent(s) (if any)		
17 Description of Colla	ateral	Check if person account (See Ir	al funds were deposited into political natructions)
19 GUARANTOR INFORMATION	20 Name of guarantor		22 Amount Guaranteed (\$)
x not applicable	21 Guarantor address; City;	State; Zip Code	
23 Guarantor's Princip	pal Occupation	24 Guarantor's Job Title	
25 Guarantor's Emplo	yer/Law Firm	26 Law Firm of guarantor's s	spouse (if any)
27 If guarantor is a ch	nild, law firm of parent(s) (if any)		
	ATTACH ADDITIONAL CODIES	OF THIS SCHEDULE AS NE	EDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense
Travel In District Travel Out Of District Other (enter a category not listed above)

redit Card Paymont	The Instruction Guide explains how to co		
Total pages Schedule F1:	2 FILER NAME Brenda Trevino	3 Filer ID (Et	hics Commission Filers)
Date	5 Payee name		
05/21/2025	Banners On The Cheap		
Amount (\$)	7 Payee address;	City; State;	Zip Code
<u>\$135.15</u>	11550 Stonehollow Dr, Austin, TX 78758		
	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Advertising	banners	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder	iving expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Brenda Trevino	Office sought County Judge	Office held
Date	Payee name		
05/19/2025	LandCo Designs		
Amount (\$)	Payee address;	City; State;	Zip Code
\$118.63	860 Evening Shade Dr, Adkins, TX 78101		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertisement	Car Magnets	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH	Brenda Trevino	County Judge	
Data	Payee name		
05/21/2025	Laura's Crafty Creations (Laura Casanova)		
Amount (\$)	Payee address;	City; State	; Zip Code
\$753.00	235 CR 151, Floresville, TX 78114		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertisement	<u>T-Shirts</u>	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder	living expense
	land.	Office sought	Office held
Complete ONLY if direct	Candidate / Officeholder name	Onice seag	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME Brenda Trevino	3 Filer ID (Ethics Commission Filers)
4 Date 06/02/2025	5 Payee name Customink	
6 Amount (\$) \$64.95	7 Payee address; 5301 Alpha Road, Dallas, TX 75249	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertisement	(b) Description Marketing Materials
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Brenda Trevino	Office sought Office held County Judge
Date 06/04/2025	Payee name LandCo Designs	
Amount (\$)	Payee address;	City; State; Zip Code
\$118.63	860 Evening Shade Dr, Adkins TX 78101	
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Advertisement	Caps/Magnets
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Brenda Trevino	Office sought Office held County Judge
Date 06/06/2025	Circle G Restaurant	
Amount (\$)	Payee address;	City; State; Zip Code
<u>\$51.75</u>	600 N Storts, Poth, TX 78147	
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Office Overhead	rental fee for private room (meet & greet)
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oi	Candidate / Officeholder name Brenda Trevino	Office sought Office held County Judge
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By **Event Expense** Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Travel In District
Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	2092. 00. 1100	Nages/Contract Labor	Other (enter a category not listed above)	
Croun card i aymon	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Brenda Trevino		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name			
05/02/2025	USPS			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
\$210.00	Floresville, TX 78114			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Office Overhead	РО Вох	Fee	
	(c) Check if travel outside of Texas. Complete Schedule T.	2 Check if Aus	tin, TX, officeholder living expense	
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit c/oh	Brenda Trevino	County Judge		
Date	Payee name			
05/05/2025	Wilson County News			
03/03/2023	THIS OF COUNTY TOWN			
Amount (\$)	Payee address;	City;	State; Zip Code	
\$354.45	1012 C Street, Floresville, TX 78114			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertisement	Newspaper Advertisement		
	2 Check if travel outside of Texas. Complete Schedule T.	Check if Aus	stin, TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/Oh	Brenda Trevino	County Judge		
Date	Payee name			
05/21/2025	Texas Pearl Marketing			
Amount (\$)	Payee address;	City;	State; Zip Code	
\$1011.03	9720 Elmendorf La Vernia Rd, San Antonio,	TX 78223		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Office Overhead	Website des	sign, marketing designs	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	stin, TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/Ol	H Brenda Trevino	County Judge		
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Solicitation/Fundraising Expense

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME Brenda Trevino		3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee name			
06/09/2025	Jo's Creations (Jonell Wehmeyer		Chatai	Zip Code
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$1777.60	804 Killarney, Floresville, TX 78114			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Event Expense	Fundrais	ing Supplies	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Brenda Trevino	Office sought County Judge		Office held
Date	Payee name			
06/04/2025	LandCo Designs			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$237.26	860 Evening Shade Dr, Adkins TX 78101			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertisement	Caps/Magr	nets	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder livin	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit G/Or	Brenda Trevino	County Judge		
Date	Payee name			
06/16/2025	CustomInk			
Amount (\$)	Payee address;	City;	State;	Zip Code
<u>\$64.95</u>	5301 Alpha Road, Dallas, TX 75249			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertisement	Marketing M	laterials	
1	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder livir	ng expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/Oh	Brenda Trevino	County Judge		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

SCHEDULE F1

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

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

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 (expenses a steepon not listed above)

Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	Other (enter a catego	,
1 Total pages Schedule F1:	2 FILER NAME Brenda Trevino		3 Filer ID (Ethics	s Commission Filers)
4 Date	5 Payee name			
06/18/2025	1st Source Digital			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$909.30	4390 E FM 1518, Selma, TX 78154			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertisement	Signs		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	g expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name Brenda Trevino	Office sought County Judge		Office held
Date	Payee name			
06/18/2025	Wilson County First Responders			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$1000.00	Floresville, TX 78114			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Contribution	Wild Game	Dinner	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder livin	g expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/Ol	Brenda Trevino	County Judge		
Date	Payee name			
06/26/2025	Amazon			
Amount (\$)	Payee address;	City;	State;	Zip Code
<u>\$135.44</u>	Online			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Office Overhead	Office Suppl	ies	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder livin	ng expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/O	Brenda Trevino	County Judge		
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to co	mplete this form.		
1 Total pages Schedule F1:	2 FILER NAME Brenda Trevino		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name			
06/30/2025	Custom Balloon Now			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$97.60	16107 Kensington Dr, Sugarland TX 77479			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF	Advertisement	Marketing	g Materials	
EXPENDITURE				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Brenda Trevino	Office sought County Judge		Office held
Date	Payee name			
06/30/2025	Wilson County Nes			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$70.00	1012 C Street, Floresville, TX 78114			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertisement	Newspaper	r Advertisement	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living	
Complete ONLY if direct expenditure to benefit C/Oh		Office sought County Judge		Office held
	Brenda Trevino			
Date	Payee name			
06/05/2025	Arcadia Theater			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$400.00	1417 3rd Street, Floresville, TX 78114			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertisement	Advertiseme	ent Sponsor	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	stin, TX, officeholder livin	g expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/O	Brenda Trevino	County Judge		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Solicitation/Fundraising Expense Loan Repayment/Reimbursement **Event Expense** Advertising Expense Transportation Equipment & Related Expense Office Overhead/Rental Expense Accounting/Banking Fees Travel In District Food/Beverage Expense Polling Expense Consulting Expense Travel Out Of District **Printing Expense** Contributions/Donations Made By Gift/Awards/Memorials Expense Other (enter a category not listed above) Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Brenda Trevino 5 Payee name 4 Date 06/30/2025 Wilson County Zip Code City; State; 7 Payee address; 6 Amount (\$) 1103 4th Street, Floresville, TX \$45.00 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Records Request Office Overhead **PURPOSE** OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. (c) Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct County Judge expenditure to benefit C/OH Brenda Trevino Payee name Date State; Zip Code City: Payee address; Amount (\$) Description Category (See Categories listed at the top of this schedule) PURPOSE OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date Zip Code State; City; Payee address; Amount (\$) Description Category (See Categories listed at the top of this schedule) **PURPOSE** OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District

counting/Banking onsulting Expense	Food/Beverage Expense Polling Ex Gift/Awards/Memorials Expense Printing Expense	pense Travel Out Of District kyeense Other (enter a category not listed above)	
ontributions/Donations Made By Candidate/Officeholder/Political	aitaa legal Services		1
redit Card Payment	The Instruction Guide explains how to	3 Filer ID (Ethics Commission Filers	s)
Total pages Schedule G: 2	FILER NAME	3 Files 15 (Zames	
Total pages conte	Brenda Trevino		
Date 5	Payee name		
05/04/2025	WalMart	State: Zip Code	
	7 Payee address;	City; State; Zip Code	
Amount (\$) \$27.42	Floresville, TX		
Reimbursement from	Floresvine, 177		
political contributions intended	(this schodule)	(b) Description	
	(a) Category (See Categories listed at the top of this schedule)	Paper, envelopes, file folders	
PURPOSE	Office Overhead		
EXPENDITURE	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense Office held	
	Candidate / Officeholder name	Office sought	
Complete ONLY if direct		County Judge	
expenditure to benefit C/OH	Brenda Trevino		
Data	Payee name		
Date 05/11/2025	Laura's Crafty Creations	7.0.40	
	Payee address;	City; State; Zip Code	
Amount (\$) \$300.00			
Reimbursement from	235 CR 151, Floresville, TX 78114		
political contributions intended		Description	
THE TOO	Category (See Categories listed at the top of this schedule)	T-shirt Order Deposit	
PURPOSE	Advertisement		
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
	Candidate / Officeholder name	Office sought Office held	
Complete ONLY if direct		County Judge	
expenditure to benefit C	/OH Brenda Trevino		
	Payee name		
Date	Texas Pearl Marketing		
05/15/2025	and description of the second	City; State; Zip Code	
Amount (\$) \$104.98	Payee address: 9720 Elmendorf La Vernia Rd, San Anto	nio, TX 782236	
Reimbursement from			
political contributions intended	3	Description	
II ICC TOOL	Category (See Categories listed at the top of this schedul		
PURPOSE	Advertisement	Business Cards	
OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule	T. Check if Austin, TX, officeholder living expense	
		Office sought Office held	
Complete ONLY if direct	Candidate / Officeholder name	County Judge	
expenditure to benefit C/C	DH Brenda Trevino		
	ATTACH ADDITIONAL COPIES OF TI	HIS SCHEDULE AS NEEDED	
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

not applicable, DO NOT include this page in the report.

ERSONAL	is not applicable, DO NOT include this page in the reports
the requested information	ation is not applicable, DO NOT include this page in the report.
ertising Expense ounting/Banking isulting Expense itributions/Donations Made By andidate/Officeholder/Political C dit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Transportation Equipment & Transportation Equipment & Transportation Equipment & Related Expense Transportation Equipment & Related Expense Transportation Equipment & Related Expense Transportation Equipment & Transportation & Tr
Total pages Schedule G: 2	Brenda Trevino
1	Payee name VistaPrint City: State: Zip Code
Reimbursement from	Payee address; Online (a) Category (See Categories listed at the top of this schedule) Office Overhead (b) Description Tri-Fold Brochures Check if Austin, TX, officeholder living expense (c) Check if travel outside of Texas. Complete Schedule T. Office sought
9 Complete ONLY if direct expenditure to benefit C/OH Date	Candidate / Officeholder name Brenda Trevino Payee name State; Zip Code
Amount (\$) Reimbursement from political contributions	Payee address; City; Description
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought
Complete ONLY if direxpenditure to benefit	ect
Date	Payee name City; State; Zip Code
Amount (\$)	Payee address;
Reimbursement (political contribu intended	Category (See Categories listed at the top of this schedule)
PURPOSE OF EXPENDITURE	Check if Austin, TX, officeholder living expense
Complete ONLY if di expenditure to benef	rect it C/OH
	ATTACH ADDITIONAL COPIES OF THIS SCHEDOLETTE