

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 1

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

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

24

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

Mrs.

Brenda

L

NICKNAME

LAST

SUFFIX

Trevino

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

PO BOX 131, FLORESVILLE, TX 78114

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(210)

317-2509

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Mr.

James

NICKNAME

LAST

SUFFIX

Jim

Burdette

7 CAMPAIGN
TREASURER
ADDRESS

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

CITY;

STATE;

ZIP CODE

221 Heritage View Dr, Adkins, TX 78101

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(210)

253-0183

9 REPORT TYPE

☐

January 15

☐

30th day before election

☐

Runoff

☐

15th day after campaign
treasurer appointment
(Officeholder Only)

☒

July 15

☐

8th day before election

☐

Exceeded Modified
Reporting Limit

☐

Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

04

29

2025

THROUGH

Month

Day

Year

06

30

2025

11 ELECTION

ELECTION DATE

Month

Day

Year

03

03

2026

ELECTION TYPE

☒

Primary

☐

Runoff

☐

Other
Description

☐

General

☐

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

County Judge

14 NOTICE FROM
POLITICAL
COMMITTEE(S)

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

COMMITTEE TYPE

COMMITTEE NAME

☐

GENERAL

COMMITTEE ADDRESS

☐

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 2

15 JC/OH NAME

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION
TOTALS

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR
CONTRIBUTIONS MADE ELECTRONICALLY)

\$

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

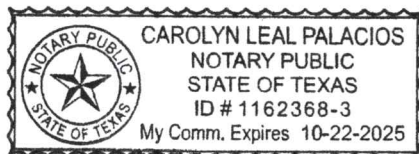
\$ \$2,000.00

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

Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Brenda Trevino this the 9th day of July,
20 25, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Carolyn Leal-Palacios
Printed name of officer administering oath

Notary
Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____,
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (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.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 13,955.00
2.	<input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ N/A
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/>	SCHEDULE E: LOANS	\$ 2,000.00
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 7,554.74
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 635.90
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

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 <u>Brenda Trevino</u>		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <u>Richard Jackson</u>	7 Amount of contribution (\$) <u>\$500.00</u>
6 Contributor address; City; State; Zip Code <u>PO Box 272, Stockdale, TX 78160</u>		
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 <u>05/02/2025</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <u>James Burdette</u> Contributor address; City; State; Zip Code <u>221 Heritage View Dr, Adkins, TX 78101</u>	Amount of contribution (\$) <u>\$1,000</u>
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 <u>05/21/2025</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <u>Robert Baird</u> Contributor address; City; State; Zip Code <u>8847 Van Allen Dr, The Woodlands, TX 77381</u>	Amount of contribution (\$) <u>\$250</u>
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)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

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 <u>Brenda Trevino</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>05/21/2025</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <u>Leroy Nitschmann</u> 6 Contributor address; City; State; Zip Code <u>1506 5th St, Floresville, Tx 78114</u>	7 Amount of contribution (\$) <u>\$1,000</u>
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 <u>05/29/2025</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <u>Ben Talamantez</u> Contributor address; City; State; Zip Code <u>Floresville, TX</u>	Amount of contribution (\$) <u>\$500</u>
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 <u>05/29/2025</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <u>Clinton & Heather Wyatt</u> Contributor address; City; State; Zip Code <u>503 Dismuke Lane, Floresville, TX 78114</u>	Amount of contribution (\$) <u>\$2,500</u>
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)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME <u>Brenda Trevino</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>05/29/2025</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <u>Charco Cattle Feeders</u> 6 Contributor address; City; State; Zip Code <u>563 CR 308, Floresville, Tx 78114</u>	7 Amount of contribution (\$) <u>\$2,500</u>
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 <u>06/04/2025</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <u>Skylar Yow</u> Contributor address; City; State; Zip Code <u>Floresville, TX</u>	Amount of contribution (\$) <u>\$100</u>
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 <u>06/04/2025</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <u>Braiden Yow</u> Contributor address; City; State; Zip Code <u>Floresville, TX 78114</u>	Amount of contribution (\$) <u>\$100</u>
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)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME <u>Brenda Trevino</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>06/17/2025</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <u>Dean Seitz</u> 6 Contributor address; City; State; Zip Code <u>PO Box 76, Harwood, TX 78632</u>	7 Amount of contribution (\$) <u>\$500</u>
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 <u>06/25/2025</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <u>Lyle & Michelle Key</u> Contributor address; City; State; Zip Code <u>304 Mills Lane, Floresville, TX</u>	Amount of contribution (\$) <u>\$300</u>
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 <u>06/25/2025</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <u>Theresa & Ronald Pawelek</u> Contributor address; City; State; Zip Code <u>779 CR 304, Floresville, TX 78114</u>	Amount of contribution (\$) <u>\$300</u>
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)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME <u>Brenda Trevino</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>05/29/2025</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <u>Cynthia Ritzen</u> 6 Contributor address; City; State; Zip Code <u>205 Johnson St, Floresville, TX 78114</u>	7 Amount of contribution (\$) <u>\$200</u>
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 <u>06/13/2025</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <u>Rachael Gonzales</u> Contributor address; City; State; Zip Code <u>205 Oak Hollow Dr, La Vernia, TX 78121</u>	Amount of contribution (\$) <u>\$300</u>
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 <u>06/29/2025</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <u>Jeanette Casanova</u> Contributor address; City; State; Zip Code <u>239 CR 151, Floresville, TX 78114</u>	Amount of contribution (\$) <u>\$300</u>
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)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

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 <u>Brenda Trevino</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>06/30/2025</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <u>Joni Palacios</u> 6 Contributor address; City; State; Zip Code <u>PO Box 802, Poth, TX 78147</u>	7 Amount of contribution (\$) <u>\$100</u>
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 <u>06/30/2025</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <u>Grace Barrera</u> Contributor address; City; State; Zip Code <u>1427 3rd Street, Floresville, TX 78114</u>	Amount of contribution (\$) <u>\$300</u>
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 <u>06/30/2025</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <u>Sandra Flores</u> Contributor address; City; State; Zip Code <u>Abrego Lake Dr, Floresville, TX 78114</u>	Amount of contribution (\$) <u>\$300</u>
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)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

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 <u>Brenda Trevino</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>06/18/2025</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <u>Crystal Duke Fernandez</u> 6 Contributor address; City; State; Zip Code <u>104 Medora Branch Dr, Floresville, TX 78114</u>	7 Amount of contribution (\$) <u>\$300</u>
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 <u>06/30/2025</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <u>Elizabeth Yow</u> Contributor address; City; State; Zip Code <u>152 CR 158, Floresville, TX 78114</u>	Amount of contribution (\$) <u>\$200</u>
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 <u>06/30/2025</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <u>Carolyn Palacios</u> Contributor address; City; State; Zip Code <u>203 Windcrest Dr, Floresville, TX 78114</u>	Amount of contribution (\$) <u>\$200</u>
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)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME <u>Brenda Trevino</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>05/12/2025</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <u>Felicia Carvajal</u> 6 Contributor address; City; State; Zip Code <u>9729 Elmendorf La Vernia Rd, San Antonio, TX 78223</u>	7 Amount of contribution (\$) <u>\$5</u>
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 <u>06/10/2025</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <u>April Caldwell</u> Contributor address; City; State; Zip Code <u>177 Copper Ridge, La Vernia TX 78121</u>	Amount of contribution (\$) <u>\$300</u>
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 <u>06/13/2025</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <u>Evelyn Huron</u> Contributor address; City; State; Zip Code <u>14006 N Hills Village, SA TX 78249</u>	Amount of contribution (\$) <u>\$300</u>
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)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME <u>Brenda Trevino</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>05/12/2025</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <u>Jalyn Bodiford</u> 6 Contributor address; City; State; Zip Code <u>236 Southwood Oaks, Floresville, TX 78114</u>	7 Amount of contribution (\$) <u>\$300</u>
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 <u>06/16/2025</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <u>Diana Browder</u> Contributor address; City; State; Zip Code <u>705 1st St, Floresville, TX 78114</u>	Amount of contribution (\$) <u>\$300</u>
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 <u>06/19/2025</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <u>Stephanie Garcia</u> Contributor address; City; State; Zip Code <u>Parkcrest, Floresville, TX 78114</u>	Amount of contribution (\$) <u>\$100</u>
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)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME <u>Brenda Trevino</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>05/12/2025</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <u>Sylvia Arocha</u> 6 Contributor address; City; State; Zip Code <u>Fifth Street, Floresville, TX 78114</u>	7 Amount of contribution (\$) <u>\$300</u>
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 <u>06/30/2025</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <u>Cathy Trevino</u> Contributor address; City; State; Zip Code <u>1805 Jasmine, Floresville, TX 78114</u>	Amount of contribution (\$) <u>\$300</u>
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 <u>06/25/2025</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <u>Kristin Labus</u> Contributor address; City; State; Zip Code <u>500 Labus Lane, Poth, TX 78147</u>	Amount of contribution (\$) <u>\$300</u>
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)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

SCHEDULE A2

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

Forms provided by Texas Ethics Commission www.ethics.state.tx.us Revised 1/1/2025

LOANS (JUDICIAL)**SCHEDULE E(J)**

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E(J):
2 FILER NAME <u>Brenda Trevino</u>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <u>05/12/2025</u>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Brenda Trevino</u>	9 Loan Amount (\$) <u>\$2,000</u>
6 Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code <u>113 Parkcrest, Floresville, TX 78114</u>	10 Interest rate <u>0</u>
		11 Maturity date
12 Lender's Principal Occupation <u>Auditor</u>		13 Lender's Job Title <u>County Auditor</u>
14 Lender's Employer/Law Firm <u>Wilson County</u>		15 Law Firm of lender's spouse (if any)
16 If lender is a child, law firm of parent(s) (if any)		
17 Description of Collateral <input checked="" type="checkbox"/> none		18 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
19 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	20 Name of guarantor	
	21 Guarantor address; City; State; Zip Code	
22 Amount Guaranteed (\$)		
23 Guarantor's Principal Occupation		24 Guarantor's Job Title
25 Guarantor's Employer/Law Firm		26 Law Firm of guarantor's spouse (if any)
27 If guarantor is a child, law firm of parent(s) (if any)		

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <u>Brenda Trevino</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>05/02/2025</u>	5 Payee name <u>USPS</u>	
6 Amount (\$) <u>\$210.00</u>	7 Payee address; City; State; Zip Code <u>Floresville, TX 78114</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Office Overhead</u>	(b) Description <u>PO Box Fee</u>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <u>Brenda Trevino</u>	Office sought <u>County Judge</u> Office held
Date <u>05/05/2025</u>	Payee name <u>Wilson County News</u>	
Amount (\$) <u>\$354.45</u>	Payee address; City; State; Zip Code <u>1012 C Street, Floresville, TX 78114</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advertisement</u>	Description <u>Newspaper Advertisement</u>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <u>Brenda Trevino</u>	Office sought <u>County Judge</u> Office held
Date <u>05/21/2025</u>	Payee name <u>Texas Pearl Marketing</u>	
Amount (\$) <u>\$1011.03</u>	Payee address; City; State; Zip Code <u>9729 Elmendorf La Vernia Rd, San Antonio, TX 78223</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Office Overhead</u>	Description <u>Website design, marketing designs</u>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <u>Brenda Trevino</u>	Office sought <u>County Judge</u> Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense 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)
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The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <u>Brenda Trevino</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>06/09/2025</u>		5 Payee name <u>Jo's Creations (Jonell Wehmeyer</u>			
6 Amount (\$) <u>\$1777.60</u>		7 Payee address; City; State; Zip Code <u>804 Killarney, Floresville, TX 78114</u>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Event Expense</u>		(b) Description <u>Fundraising Supplies</u>		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name <u>Brenda Trevino</u>		Office sought <u>County Judge</u>	
Date <u>06/04/2025</u>		Payee name <u>LandCo Designs</u>			
Amount (\$) <u>\$237.26</u>		Payee address; City; State; Zip Code <u>860 Evening Shade Dr, Adkins TX 78101</u>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advertisement</u>		Description <u>Caps/Magnets</u>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name <u>Brenda Trevino</u>		Office sought <u>County Judge</u>	
Date <u>06/16/2025</u>		Payee name <u>CustomInk</u>			
Amount (\$) <u>\$64.95</u>		Payee address; City; State; Zip Code <u>5301 Alpha Road, Dallas, TX 75249</u>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advertisement</u>		Description <u>Marketing Materials</u>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name <u>Brenda Trevino</u>		Office sought <u>County Judge</u>	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <u>Brenda Trevino</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>06/18/2025</u>		5 Payee name <u>1st Source Digital</u>			
6 Amount (\$) <u>\$909.30</u>		7 Payee address; City; State; Zip Code <u>4390 E FM 1518, Selma, TX 78154</u>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Advertisement</u>		(b) Description <u>Signs</u>		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name <u>Brenda Trevino</u>		Office sought <u>County Judge</u>	
Date <u>06/18/2025</u>		Payee name <u>Wilson County First Responders</u>			
Amount (\$) <u>\$1000.00</u>		Payee address; City; State; Zip Code <u>Floresville, TX 78114</u>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Contribution</u>		Description <u>Wild Game Dinner</u>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name <u>Brenda Trevino</u>		Office sought <u>County Judge</u>	
Date <u>06/26/2025</u>		Payee name <u>Amazon</u>			
Amount (\$) <u>\$135.44</u>		Payee address; City; State; Zip Code <u>Online</u>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Office Overhead</u>		Description <u>Office Supplies</u>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name <u>Brenda Trevino</u>		Office sought <u>County Judge</u>	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <u>Brenda Trevino</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>06/30/2025</u>	5 Payee name <u>Custom Balloon Now</u>	
6 Amount (\$) <u>\$97.60</u>	7 Payee address; City; State; Zip Code <u>16107 Kensington Dr, Sugarland TX 77479</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Advertisement</u>	(b) Description <u>Marketing Materials</u>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <u>Brenda Trevino</u>	Office sought <u>County Judge</u> Office held
Date <u>06/30/2025</u>	Payee name <u>Wilson County Nes</u>	
Amount (\$) <u>\$70.00</u>	Payee address; City; State; Zip Code <u>1012 C Street, Floresville, TX 78114</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advertisement</u>	Description <u>Newspaper Advertisement</u>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <u>Brenda Trevino</u>	Office sought <u>County Judge</u> Office held
Date <u>06/05/2025</u>	Payee name <u>Arcadia Theater</u>	
Amount (\$) <u>\$400.00</u>	Payee address; City; State; Zip Code <u>1417 3rd Street, Floresville, TX 78114</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advertisement</u>	Description <u>Advertisement Sponsor</u>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <u>Brenda Trevino</u>	Office sought <u>County Judge</u> Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <u>Brenda Trevino</u>	3 Filer ID (Ethics Commission Filers)			
4 Date <u>06/30/2025</u>	5 Payee name <u>Wilson County</u>				
6 Amount (\$) <u>\$45.00</u>	7 Payee address; City; State; Zip Code <u>1103 4th Street, Floresville, TX</u>				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Office Overhead</u>	(b) Description <u>Records Request</u>			
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Candidate / Officeholder name <u>Brenda Trevino</u></td> <td style="width: 25%; border: none;">Office sought <u>County Judge</u></td> <td style="width: 25%; border: none;">Office held</td> </tr> </table>			Candidate / Officeholder name <u>Brenda Trevino</u>	Office sought <u>County Judge</u>	Office held
Candidate / Officeholder name <u>Brenda Trevino</u>	Office sought <u>County Judge</u>	Office held			
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Candidate / Officeholder name</td> <td style="width: 25%; border: none;">Office sought</td> <td style="width: 25%; border: none;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Candidate / Officeholder name</td> <td style="width: 25%; border: none;">Office sought</td> <td style="width: 25%; border: none;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			

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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
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 G: 2 FILER NAME Brenda Trevino 3 Filer ID (Ethics Commission Filers)

4 Date 05/04/2025 5 Payee name WalMart City; State; Zip Code

6 Amount (\$) \$27.42 7 Payee address; Floresville, TX

☒ Reimbursement from
political contributions
intended

PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)
Office Overhead

(b) Description
Paper, envelopes, file folders

(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 County Judge Office held

Date 05/11/2025 Payee name Laura's Crafty Creations City; State; Zip Code

Amount (\$) \$300.00 Payee address; 235 CR 151, Floresville, TX 78114

☒ Reimbursement from
political contributions
intended

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)
Advertisement

Description
T-shirt Order Deposit

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH
Candidate / Officeholder name Brenda Trevino Office sought County Judge Office held

Date 05/15/2025 Payee name Texas Pearl Marketing City; State; Zip Code

Amount (\$) \$104.98 Payee address; 9729 Elmendorf La Vernia Rd, San Antonio, TX 782236

☒ Reimbursement from
political contributions
intended

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)
Advertisement

Description
Business Cards

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH
Candidate / Officeholder name Brenda Trevino Office sought County Judge Office held

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Revised 1/1/2025

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
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.

3 Filer ID (Ethics Commission Filers)

1 Total pages Schedule G: 2 FILER NAME

Brenda Trevino

4 Date 5 Payee name

05/19/2025

VistaPrint

City; State; Zip Code

6 Amount (\$) 7 Payee address;

\$203.50

Online

☒ Reimbursement from
political contributions
intended

8
PURPOSE
OF
EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)
Office Overhead

(b) Description
Tri-Fold Brochures

(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

County Judge

Office held

Date

Payee name

Amount (\$)

Payee address;

City; State; Zip Code

☐ Reimbursement from
political contributions
intended

PURPOSE
OF
EXPENDITURE

Category (See Categories listed at the top of this schedule)

Description

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

☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct
expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

Payee address;

City; State; Zip Code

☐ Reimbursement from
political contributions
intended

PURPOSE
OF
EXPENDITURE

Category (See Categories listed at the top of this schedule)

Description

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

☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct
expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED