### JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM JC/OH COVER SHEET PG 1

•	The JC/OH Instruction (	Guide explains how	to complete this form.	<b>1</b> Filer ID	Ethics Commission Filers)	2 Total pages filed: 24
3	CANDIDATE / OFFICEHOLDER	ms / mrs / mr Mrs.	FIRST Brenda		MI L	OFFICE USE ONLY
	NAME	NICKNAME	LAST Trevino		SUFFIX	Date Received
4	CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; PO BOX 131	APT / SUITE #;		TATE; ZIP CODE	BY: Oga Marris
5	CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE ( <u>210</u> )	PHONE NUMBER 317-2509	E	XTENSION	Date Hand-delivered or Date Postmarked Receipt # Amount \$
6	CAMPAIGN TREASURER NAME	MS / MRS / MR <u>Mr.</u> NICKNAME Jim	FIRST James LAST Burdette		MI SUFFIX	Date Processed Date Imaged
	CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (I	NO PO BOX PLEASE); APT / S e View Dr, Adkins, TX 7		CITY;	STATE; ZIP CODE
	Residence or Business) CAMPAIGN TREASURER PHONE	AREA CODE ( 210 )	PHONE NUMBER	E	XTENSION	
9	REPORT TYPE	January 15	30th day before a 8th day before elements		Runoff Exceeded Modified Reporting Limit	15th day after campaign treasurer appointment (Officeholder Only)         Final Report (Attach C/OH - FR)
10	PERIOD COVERED	Month <u>04</u>	Day Year           29         2025	THROU	Month GH <u>06</u>	Day         Year           30         2025
11	ELECTION	ELECTION DAY	TE Year X Primary 2026 General	Runof	Description	<u>.</u>
12	OFFICE	OFFICE HELD (if any)			OFFICE SOUGHT (if know County Judge	m)
14	NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	EHOLDER THESE EXPENDITURE	S MAY HAVE BEEN	I MADE WITHOUT THE CAN	MADE BY POLITICAL COMMITTEES TO SUPPORT VDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
[	Additional Pages	GENERAL	COMMITTEE ADDRESS	EASURER NAME		
		SPECIFIC	COMMITTEE CAMPAIGN TR		RESS	
_	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 CONTRIE PLEDGES, LOANS, OR GUARANTEES OF CONTRIBUTIONS MADE ELECTRONICAL	LOANS, OR \$			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GU	ARANTEES OF LOANS) \$ \$13,955.00			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDI	ITURE. \$			
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>\$8,190.64</u>			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAIN OF REPORTING PERIOD	ITAINED AS OF THE LAST DAY \$ \$4,642.04			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTS LAST DAY OF THE REPORTING PERIOD	STANDING LOANS AS OF THE \$ \$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.				
	Please complete eith	her option below:			
(1) Affidavit	CAROLYN LEAL PALACIOS NOTARY PUBLIC STATE OF TEXAS ID # 1162368-3 My Comm. Expires 10-22-2025				
NOTARY STAMP/SEA					
Sworn to and subscribed	before me by Brenda Trevin	Dthis theday ofday of			
$20 \xrightarrow{15}$ , to certify	which, withess my hand and seal of office.	-Palacius Notany			
Signature of officer administer					
	OR				
(2) Unsworn Declaration					
My name is	,	and my date of birth is			
	u				
	(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     20 Filer ID (Ethics Com       Brenda Trevino     20 Filer ID (Ethics Com			mmiss	sion Filers)	
21	SCHEDU	JLE SUBTOTALS F SCHEDULE			SUBTOTAL AMOUNT
1. <u>X</u> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 13,95			13,955.00		
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	<u>N/A</u>
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	X	SCHEDULE E: LOANS		\$	2,000.00
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	7,554.74
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	×	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUR	NDS	\$	635.90
10.		SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$	

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.				
2 FILER NAME Brenda Trevino	3 Filer ID (Ethics Commission Filers)			
	D#:) <b>7</b> Amount of contribution (\$) State; Zip Code			
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       05/02/2025     James Burdette       Contributor address;     City;       221 Heritage View Dr, Adkins, TX 78101	\$1,000 State; Zip Code			
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     Full name of contributor     out-of-state PAC       05/21/2025     Robert Baird       Contributor address;     City;       8847 Van Allen Dr, The Woodlands, TX 77	D#:) Amount of contribution (\$) Contribution (\$) State: Zip Code Code Code Code Code Code Code Code			
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 A(J)1

The Instruction Guide explains how to complete the	his form. 1 Total pages Schedule A(J)1:			
2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
Brenda Trevino				
Leroy Nitschmann	PAC ID#:) 7 Amount of contribution (\$)			
05/21/2025       6 Contributor address;       City;         1506 5th St, Floresville, Tx 78114	State; Zip Code \$1,000			
8 Contributor's principal occupation 9 Contributor's job title				
10 Contributor's employer/law firm	<b>11</b> Law firm of contributor's spouse (if any)			
<b>12</b> If contributor is a child, law firm of parent(s) (if any)				
	PAC ID#:) Amount of contribution (\$)			
05/29/2025 Contributor address; City;	State; Zip Code			
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 is a child, law firm of parent(s) (if any)				
Date Full name of contributor out-of-state F	PAC ID#:) Amount of contribution (\$)			
05/29/2025       Clinton & Heather Wyatt         Contributor address;       City;         503 Dismuke Lane, Floresville, TX 781	State: Zip Code \$2,500			
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 A(J)1

The Instruction Guide explains how to complete this form.       1       Total pages Schedule A(J)1:					
2 FILER NAME	3 Filer ID (Ethics Commission Filers)				
Brenda Trevino					
4 Date 5 Full name of contributor Out-of-state PA	AC ID#:) 7 Amount of contribution (\$)				
Charco Cattle Feeders					
05/29/2025 6 Contributor address; City;	State; Zip Code \$2,500				
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 is a child, law firm of parent(s) (if any)					
Date Full name of contributor out-of-state PA	Ac ID#:) Amount of contribution (\$)				
	Amount of contribution (\$)				
Skylar Yow	<b>0</b> 400				
<u>06/04/2025</u> 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 is a child, law firm of parent(s) (if any)					
Date Full name of contributor out-of-state PA	AC ID#:) Amount of contribution (\$)				
06/04/2025 Braiden Yow	\$100				
Contributor address; City;	State: Zip Code				
Floresville, TX 78114					
Contributor's principal occupation	Contributor's job title				
Contributor's employer/law firm	Law firm of contributor's spouse (if any)				
If contributor is a child, law firm of parent(s) (if any)					
	S OF THIS SCHEDULE AS NEEDED				
in contributor is out-of-state PAC, please see in	struction guide for additional reporting requirements.				

### SCHEDULE A(J)1

	The Instruction Guide explains how to complete this form.       1 Total pages Schedule A(J)1:					
2	FILER NAME			3 Filer ID (Ethics Commission Filers)		
-		Travino				
	Brenda	revino				
4	Date	5 Full name of contributor 🗌 out-of-state PAC II	D#:)	7 Amount of contribution (\$)		
		Dean Seitz				
	06/17/2025			\$500		
		6 Contributor address; City;	State; Zip Code	<u>+++++</u>		
		PO Box 76, Harwood, TX 78632				
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	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 (\$)		
		Lula 9 Michalla Kay				
	06/25/2025	Lyle & Michelle Key		\$300		
	00/20/2020	Contributor address; City;	State; Zip Code	<u>4000</u>		
		204 Mills Long Eleropyills TV	~~			
		304 Mills Lane, Floresville, TX				
	Contributor's p	principal occupation	Contributor's job title			
	Contributor's employer/law firm Law firm of contributor's spouse (if any)					
	Contributors	mpioyer/law firm	Law firm of contributor	's spouse (if any)		
	If contributor is a child, law firm of parent(s) (if any)					
		Full name of contributor Out-of-state PAC	24.			
	Date	Full name of contributor out-of-state PAC II	)#:)	Amount of contribution (\$)		
		Theresa & Ronald Pawelek				
	06/25/2025			\$300		
		Contributor address; City;	State: Zip Code	·		
		779 CR 304, Floresville, TX 78114				
	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)				
		ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS N	NEEDED		
	li	contributor is out-of-state PAC, please see instru				

## SCHEDULE A(J)1

т	he Instruction Guide explains how to complete this for	<b>1</b> Total pages Schedule A(J)1:				
2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
Brenda	Frevino					
4 Date	5 Full name of contributor out-of-state PAC	D#:)	7 Amount of contribution (\$)			
	Cynthia Ritzen					
05/29/2025			\$200			
	<b>6</b> Contributor address; City;	State; Zip Code				
	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	's spouse (if any)			
		1. KUMA. A REMARKATION OF DRAMANDARY OR AND ADDRESS THAT ADDRESS AND ADDRESS ADDRESS.				
10						
12 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 (\$)			
	Rachael Gonzales					
06/13/2025		server and the second	\$300			
	Contributor address; City;	State; Zip Code				
	205 Oak Hollow Dr, La Vernia, TX 78121					
Contributor's	principal occupation	Contributor's job title				
Contributors						
Contributor's e	employer/law firm	Law 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	D#:)	Amount of contribution (\$)			
	Incrette Concrete					
06/29/2025	Jeanette Casanova		\$300			
	Contributor address; City;	State: Zip Code	<u></u>			
	239 CR 151, Floresville, TX 78114					
Contributor's	principal occupation	Contributor's job title				
Contributor's e	employer/law firm	Law firm of contributor's spouse (if any)				
If contributor i	s a child, law firm of parent(s) (if any)	1				
	ATTACH ADDITIONAL COPIES O					
l I	f contributor is out-of-state PAC, please see instru	uction guide for additional	reporting requirements.			

## SCHEDULE A(J)1

The Instruction Guide explain	<b>1</b> Total pages Schedule A(J)1:					
2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
Brenda Trevino						
4 Date 5 Full name of contributor	out-of-state PAC IE	D#:)	7 Amount of contribution (\$)			
Joni Palacios						
<u>06/30/2025</u> <b>6</b> Contributor address;	City;	State; Zip Code	<u>\$100</u>			
PO Box 802, Poth, TX	10141					
8 Contributor's principal occupation		9 Contributor's job title				
10 Contributor's employer/law firm		dd Low firm of contributor	(a apoueo (if apy)			
		11 Law firm of 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	D#:)	Amount of contribution (\$)			
Grace Barrera						
06/30/2025			\$300			
Contributor address;	City;	State; Zip Code				
1427 3rd Street, Flore	sville, TX 78114					
Contributor's principal occupation Contributor's						
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 Full name of contributor	out-of-state PAC IE	D#:)	Amount of contribution (\$)			
			Amount of contribution (\$)			
06/30/2025 Sandra Flores			<b>*</b> 200			
Contributor address;	City;	State: Zip Code	<u>\$300</u>			
Abrogo Loko Dr. Eloro	willo TV 78114					
Abrego Lake Dr, Flore	sville, 17/01/14					
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)		and an a second s			
	. (					
ATTACH AD	DITIONAL COPIES O	F THIS SCHEDULE AS I	NEEDED			
If contributor is out-of-state	PAC, please see instru	ction guide for additional	reporting requirements.			

SCHEDULE A(J)1

The Instruction Guide explains how to complete this for	orm. 1 Total pages Schedule A(J)1:					
2 FILER NAME	3 Filer ID (Ethics Commission Filers)					
Brenda Trevino						
4 Date 5 Full name of contributor Out-of-state PAC I	D#:) 7 Amount of contribution (\$)					
Crystal Duke Fernandez	\$200					
<u>06/18/2025</u> <b>6</b> Contributor address; City;	State; Zip Code \$300					
104 Medora Branch Dr, Floresville, TX 781	14					
	9 Contributor's job title					
8 Contributor's principal occupation						
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)						
	24					
Date Full name of contributor out-of-state PAC	D#:) Amount of contribution (\$)					
06/30/2025	\$200					
Contributor address; City;	State; Zip Code					
152 CR 158, Floresville, TX 78114						
Contributor's principal occupation	Contributor's job title					
Contributor's employer/law firm Law firm of contributor's spouse (if any)						
If contributor is a child, law firm of parent(s) (if any)						
Date Full name of contributor out-of-state PAC	D#:) Amount of contribution (\$)					
Carolyn Palacios						
06/30/2025	State: Zip Code \$200					
Contributor address; City;	State: Zip Code					
203 Windcrest Dr, Floresville, TX 78114						
Contributor's principal occupation	Contributor's job title					
Contributor's employer/law firm	Law firm of contributor's spouse (if any)					
If contributor is a child, law firm of parent(s) (if any)						
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					
If contributor is out-of-state PAC, please see instru	uction guide for additional reporting requirements.					

Forms provided by Texas Ethics Commission

SCHEDULE A(J)1

Revised 1/1/2025

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

The	The Instruction Guide explains how to complete this form.       1 Total pages Schedule A(J)1:					
2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
Brenda Tr	evino					
4 Date 5	5 Full name of contributor out-of-state PAC	D#: )	7 Amount of contribution (\$)			
- Date		/	Amount of contribution (\$)			
	Felicia Carvajal		<b>PC</b>			
05/12/2025		State; Zip Code	<u>\$5</u>			
	6 Contributor address; City;	State, Zip Code				
	9729 Elmendorf La Vernia Rd, San Antonio	o, TX 78223				
8 Contributor's pri	incipal occupation	9 Contributor's job title				
10 Contributor's em	nplover/law firm	11 Law firm of contributor	's spouse (if any)			
12 If contributor is a	a child, law firm of parent(s) (if any)					
Date	Full name of contributor out-of-state PAC	D#:)	Amount of contribution (\$)			
Dale			Amount of contribution (\$)			
	April Caldwell					
06/10/2025			\$300			
	Contributor address; City;	State; Zip Code				
	177 Copper Ridge, La Vernia TX 78121					
Contributor's pri	incipal occupation	Contributor's job title				
Contributor's employer/law firm Law firm of contributor's spouse (if any)			r's shouse (if any)			
If contributor is a	a child, law firm of parent(s) (if any)					
	Full name of contributor out-of-state PAC	D#: )				
Date		/	Amount of contribution (\$)			
	Evelyn Huron					
06/13/2025			\$300			
	Contributor address; City;	State: Zip Code				
	14006 N Hills Village, SA TX 78249					
Contributor's pr	incipal occupation	Contributor's job title				
Contributor's en	nplover/law firm	Law firm of contributo	r's spouse (if any)			
			a e la frecaración de las su			
If contributor is	a child, law firm of parent(s) (if any)					
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					
14.	contributor is out-of-state PAC, please see instru					
"	contributor is out-or-state FAC, please see listin	action guide for additional	i oper ing i odan emonion			
1						

www.ethics.state.tx.us

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.       1 Total pages Schedule A(J)1:					
2 FILER NAME	3 Filer ID (Ethics Commission Filers)				
Brenda Trevino					
4 Date 5 Full name of contributor Out-of-state PAC I	D#:) 7 Amount of contribution (\$)				
Jalyn Bodiford	<b>6000</b>				
05/12/2025 6 Contributor address; City;	State; Zip Code				
236 Southwood Oaks, Floresville, TX 7811	<u>14</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)					
re in contributor is a child, law linit of parent(s) (if any)					
Date Full name of contributor out-of-state PAC	D#:) Amount of contribution (\$)				
	Amount of contribution (\$)				
Diana Browder					
<u>06/16/2025</u> Contributor address; City;	State; Zip Code				
705 1st St, Floresville, TX 78114					
Contributor's principal occupation	Contributor's job title				
Contributor's employer/law firm	Law firm of contributor's spouse (if any)				
If contributor is a child, law firm of parent(s) (if any)					
Date Full name of contributor out-of-state PAC	D#:				
	Amount of contribution (\$)				
06/19/2025 Stephanie Garcia	<b>8</b> 400				
Contributor address; City;	State: Zip Code <u>\$100</u>				
Parkcrest, Floresville, TX 78114					
Contributor's principal occupation	Contributor's job title				
Contributor's employer/law firm	Law firm of contributor's spouse (if any)				
If contributor is a child, law firm of parent(s) (if any)					
ATTACH ADDITIONAL COPIES C					
in contributor is out-of-state PAC, please see instru	uction guide for additional reporting requirements.				

SCHEDULE A(J)1

The Instruction Guide explains how to con	plete this form. 1 Total pages Sch	nedule A(J)1:						
2 FILER NAME Brenda Trevino	3 Filer ID (Ethics	Commission Filers)						
05/12/2025	f-state PAC ID#:) 7 Amount of con \$300 \$300 \$300 \$ 4	itribution (\$)						
8 Contributor's principal occupation	9 Contributor's job title							
10 Contributor's employer/law firm	<b>11</b> 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-       06/30/2025     Cathy Trevino     Cathy Trevino       Contributor address;     Ci       1805 Jasmine, Floresville, TX 781	y; State; Zip Code	tribution (\$)						
Contributor's principal occupation	Contributor's job title							
Contributor's employer/law firm	Law firm of contributor's spouse (if any)	Law 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-       06/25/2025     Kristin Labus       Contributor address;     Ci       500 Labus Lane, Poth, TX 7814		tribution (\$)						
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.								

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

#### SCHEDULE A2

	Th	e Instruction Guide explains how to complete this form	1 Total pages Schedule A2:			
2	FILER NAME	E		3 Filer ID (Ethics Commission Filers)		
	Brenda	Trevino				
4	TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$		
5	Date	6 Full name of contributor out-of-state PAC (ID#: Ben Talamantez		8 Amount of 9 In-kind contribution Contribution \$ description		
	06/01/2025	7 Contributor address; City; State; Floresville, TX 78114	Zip Code	24 caps		
_				Check if travel outside of Texas. Complete Schedule T.		
10	Principal occ	upation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)		
12		principal occupation (FOR JUDICIAL)	13 Contribu Owner	utor's job title (FOR JUDICIAL) (See Instructions)		
14	Sales Contributor's	employer/law firm (FOR JUDICIAL)		n of contributor's spouse (if any) (FOR JUDICIAL)		
		endejos				
16	If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	·			
	Date	Full name of contributor  ut-of-state PAC (ID#:	)	Amount of <sup> .</sup> In-kind contribution Contribution \$ description		
		Contributor address; City; State;	Zip Code	Check if travel outside of Texas. Complete Schedule T.		
	Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (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)				
	1	ATTACH ADDITIONAL COPIES OF T If contributor is out-of-state PAC, please see Instructi				

LOANS (JI	JDICIAL)		SCHEDULE E(J)			
If the requested	information is not applicable, DO NO	T include this page in t	the report.			
The In	struction Guide explains how to complete this fe	orm.	1 Total pages Schedule E(J):			
2 FILER NAME Brenda Trev	ino		3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF UNI	TEMIZED LOANS		\$			
5 Date of loan 05/12/2025	7 Name of lender Out-of-state PAC ( Brenda Trevino	ID#:)	9 Loan Amount (\$) <u>\$2,000</u>			
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 Auditor	Occupation	13 Lender's Job Title County Auditor				
14 Lender's Employer Wilson County		<b>15</b> Law Firm of lender's spouse (if any)				
16 If lender is a child,	law firm of parent(s) (if any)					
17 Description of Colla	ateral	18 Check if personal funds were deposited into political account (See Instructions)				
19 GUARANTOR INFORMATION	20 Name of guarantor		22 Amount Guaranteed (\$)			
🗴 not applicable	21 Guarantor address; City;	State; Zip Code				
23 Guarantor's Princip	al Occupation	24 Guarantor's Job Title				
25 Guarantor's Emplo	yer/Law Firm	26 Law Firm of guarantor's spouse (if any)				
27 If guarantor is a ch	ild, law firm of parent(s) (if any)					
If id	ATTACH ADDITIONAL COPIES ( ender is out-of-state PAC, please see instruc					

### 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/Politica Credit Card Payment	king     Fees     Office Overhead/Rental Expense       ense     Food/Beverage Expense     Polling Expense       onations Made By     Gift/Awards/Memorials Expense     Printing Expense       iceholder/Political Committee     Legal Services     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)				
<b>1</b> Total pages Schedule F1:	2 FILER NAME Brenda Trevino		3 Filer ID (Ethics Commission Filers)				
4 Date	5 Payee name						
05/21/2025	Banners On The Cheap						
6 Amount (\$)	7 Payee address;	City;	State; Zip Code				
<u>\$135.15</u>	11550 Stonehollow Dr, Austin, TX 78	3758					
8	(a) Category (See Categories listed at the top of this sch	edule) (b) Description					
PURPOSE OF EXPENDITURE	Advertising	banners					
	(c) Check if travel outside of Texas. Complete Scher	dule T. Check if Austi	n, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Complete ONLY if direct         Candidate / Officeholder name         Office sought           expenditure to benefit C/OH         Brenda Trevino         County Judge						
Date	Payee name						
05/19/2025	LandCo Designs						
Amount (\$)	Payee address;	Payee address; City; State; Zip Code					
<u>\$118.63</u>	860 Evening Shade Dr, Adkins, TX 78101						
	Category (See Categories listed at the top of this schedule) Description						
PURPOSE OF EXPENDITURE	Advertisement	Car Magnet	ts				
	Check if travel outside of Texas. Complete Sche	dule T. Check if Austi	in, TX, officeholder living expense				
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held				
expenditure to benefit C/OF	Brenda Trevino	County Judge					
Date	Payee name						
05/21/2025	Laura's Crafty Creations (Laura Casano	ova)					
Amount (\$)	Payee address;	City;	State; Zip Code				
<u>\$753.00</u>	235 CR 151, Floresville, TX 78114						
	Category (See Categories listed at the top of this sche	edule) 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							
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held				
expenditure to benefit C/OF	Brenda Trevino	County Judge					
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NE	EDED				

Forms provided by Texas Ethics Commission

### SCHEDULE F1

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

EXPENDITURE	CATEGORIES	FOR	BOX 8(a	)
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Accounting/Banking         Fees         Office Overher           Consulting Expense         Food/Beverage Expense         Polling Expense           Contributions/Donations Made By         Gift/Awards/Memorials Expense         Printing Expense				pense ages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	oment & Related Expense	
1 Total pages Schedule F1:		AME a Trevino			3 Filer ID (Ethic	s Commission Filers)	
4 Date	5 Payee na						
06/02/2025	Cus	tomInk					
6 Amount (\$)	7 Payee ac	ldress;		City;	State;	Zip Code	
<u>\$64.95</u>	<u>5301</u>	Alpha Road, Dallas, TX 7524	9				
8	(a) Categor	y (See Categories listed at the top of this s	chedule)	(b) Description			
PURPOSE OF EXPENDITURE		Advertisement		Marketing	g Materials		
	(c)	Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austi	n, TX, officeholder living	g expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Complete     ONLY if direct     Candidate / Officeholder name     Office sought     Office held       expenditure to benefit C/OH     Brenda     Trevino     County Judge						
Date Payee name							
06/04/2025	LandCo Designs						
Amount (\$)	Payee address; City; State; Zip Code						
<u>\$118.63</u>	860	860 Evening Shade Dr, Adkins TX 78101					
	Category (See Categories listed at the top of this schedule) Description						
PURPOSE OF EXPENDITURE	A	dvertisement		Caps/Magnets			
		Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austi	n, TX, officeholder livin	g expense	
Complete ONLY if direct		late / Officeholder name		Office sought		Office held	
expenditure to benefit C/OF		nda Trevino		County Judge			
Date	Payee n	ame					
06/06/2025	Circle G	Restaurant					
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code	
<u>\$51.75</u>	\$51.75 600 N Storts, Poth, TX 78147						
	Category	/ (See Categories listed at the top of this so	chedule)	Description			
PURPOSE OF EXPENDITURE	Of	fice Overhead		rental fee for	private room (me	eet & greet)	
		Check if travel outside of Texas. Complete So	chedule T.	Check if Aust	in, TX, officeholder livin	g expense	
Complete ONLY if direct	Candio	late / Officeholder name		Office sought		Office held	
expenditure to benefit C/OI	Bren	da Trevino		County Judge			
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

### SCHEDULE F1

EXPENDITURE (	CATEGORIES	FOR	BOX 8(a	a)
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Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	nking     Fees     Office Overh       ense     Food/Beverage Expense     Polling Expense       Donations Made By     Giff/Awards/Memorials Expense     Printing Expense       ficeholder/Political Committee     Legal Services     Salaries/Watter			pense ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)			
1 Total pages Schedule F1:	2 FILER NA	AME a Trevino			3 Filer ID (Ethics	s Commission Filers)		
4 Date 05/02/2025	5 Payee na	me						
6 Amount (\$)	7 Payee ad			City;	State;	Zip Code		
<u>\$210.00</u>	Flore	sville, TX 78114						
8	(a) Categor	y (See Categories listed at the top of this	schedule)	(b) Description				
PURPOSE OF EXPENDITURE		Office Overhead		PO Box F	Fee			
	(c)	Check if travel outside of Texas. Complete S	chedule T.	Check if Austi	n, TX, officeholder living	g expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF								
Date	Payee na	me						
05/05/2025	Wils	Wilson County News						
Amount (\$)	Payee ad	Payee address; City; State; Zip Code						
<u>\$354.45</u>	1012	1012 C Street, Floresville, TX 78114						
	Category	(See Categories listed at the top of this s	chedule)	Description				
PURPOSE OF EXPENDITURE	A	Advertisement Newspaper Advertisement						
		Check if travel outside of Texas. Complete S	chedule T.	Check if Austi	in, TX, officeholder living	g expense		
Complete ONLY if direct		ate / Officeholder name		Office sought		Office held		
expenditure to benefit C/OF		nda Trevino		County Judge				
Date	Payee na	ame						
05/21/2025 Texas Pearl Marketing								
Amount (\$)	Payee address; City; State; Zip Code							
\$1011.03 9729 Elmendorf La Vernia Rd, San Antonio, TX 78223								
	Category	(See Categories listed at the top of this s	chedule)	Description				
PURPOSE OF EXPENDITURE	Off	îce Overhead		Website des	ign, marketing de	signs		
		Check if travel outside of Texas. Complete S	chedule T.	Check if Aust	in, TX, officeholder livin	g expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	4	ate / Officeholder name da Trevino		Office sought County Judge		Office held		
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)**

1 Total pages Schedule Ft:       2 Filler NAME       3 Filler / ID (Ethics Commission Fillers)         4 Date       06/09/2025       5 Payee name       Jois Creations (Jonall Wehmeyer         6 Amount (\$)       7 Payee name       Otherse:       City:       State:       Zip Code         8 PucPoSE       60/09/2025       804 Killamey, Floresville, TX 78114       City:       State:       Zip Code         8 PucPoSE       Complete Obl/V if direct       60/04 category (See Categories listed at the top of the schedule)       Fundralsing Supplies         9 Complete Obl/V if direct       Candidate / Officeholder name       Office sought       Office held         06/04/2025       Payee andrees;       City:       State:       Zip Code         9 Complete Obl/V if direct       Candidate / Officeholder name       Office sought       Office held         06/04/2025       Payee andrees;       City:       State:       Zip Code         9 Complete Obl/V if direct       Category (See Categories listed at the top of this schedule)       Description       Category (See Categories listed at the top of this schedule)       Category (See Categories listed at the top of this schedule)       Category (See Categories listed at the top of this schedule)       Category (Gee Categories listed at the top of this schedule)       Category (Gee Categories listed at the top of this schedule)       Category (Gee Categories listed at the	Accounting/Banking         Fees         Office Over           Consulting Expense         Food/Beverage Expense         Polling Exp           Contributions/Donations Made By         Gift/Awards/Memorials Expense         Printing Exp		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor s how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)				
06/09/2025         Jo's Creations (Jonell Wehmeyer           6 Amount (6)         7 Payse address;         City;         State;         Zip Code           8         51777.60         804 Killiamey, Floresville, TX 78114         (b) Description           8         PURPOSE EXPENDITURE         (c)         Category (see Categories listed at the top of this schedule)         (b) Description           9         Complete (DNLY if direct expenditure to benefit CiOH         Candidate / Officeholder name         Office sought         Office held           9         Complete (DNLY if direct expenditure to benefit CiOH         Candidate / Officeholder name         Office sought         Office held           9         Payse name         Candidate / Officeholder name         Office sought         Office held           9         Payse name         Category (see Categories listed at the top of this schedule)         Description           9         Payse 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         Candidate / Officeholder name         Office sought         Office held           complete (NLY if direct         Senda Trewino         Candidate / Officeholder name         Office sought	1 Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)				
6 Amount (\$)       7 Payee address;       City:       State:       Zip Code         8       804 Killiamey, Floresville, TX 78114       (b) Description         9       Complete ONLY if direct       Cadidate / Office holder name       Office sought       Office held         9       Complete ONLY if direct       Cadidate / Office holder name       Office sought       Office held         06/04/2025       Payee address;       City:       State;       Zip Code         9       Onglete ONLY if direct       Cadidate / Officeholder name       Office sought       Office held         06/04/2025       LandCo Designs       City:       State;       Zip Code         9       Onglete ONLY if direct       Category (see Categories listed at the top of this schedule)       Description         9       Onglete ONLY if direct       Category (see Categories listed at the top of this schedule)       Description         9       Complete ONLY if direct       Category (see Categories listed at the top of this schedule)       Description         9       Complete ONLY if direct       Category (see Categories listed at the top of this schedule)       Description         9       Complete ONLY if direct       Candidate / Officeholder name       Office sought       Office held         9       Complete ONLY if direct <t< td=""><td>4 Date</td><td>5 Payee name</td><td></td><td></td></t<>	4 Date	5 Payee name						
S1777.60     804 Killamey, Floresville, TX 78114       8     PURPOSE CSPENDITURE     EVent Expense     (b) Description Fundraising Supplies       9     Complete QNLY if direct expenditure to benefit C/OH     Candidate / Officeholder name Brenda Trevino     Office sought County Judge     Office held County Judge       Date     Payee name 06/04/2025     Payee name LandCo Designs     City:     State:     Zip Code       \$237.26     860 Evening Shade Dr, Adkins TX 78101     Description Candidate / Officeholder name 06/04/2025     City:     State:     Zip Code       \$237.26     860 Evening Shade Dr, Adkins TX 78101     Description Candidate / Officeholder name 06/04/2025     City:     State:     Zip Code       \$237.26     860 Evening Shade Dr, Adkins TX 78101     Description     Caps/Magnets       Category (see Categories listed at the top of this schedule)     Description     Caps/Magnets       Campleta DNLY if direct 06/16/2025     Category (see Categories listed at the top of this schedule)     Description       Date     Payee name 06/16/2025     Category (see Categories listed at the top of this schedule)     Description       Date     Payee name 06/16/2025     Category (see Categories listed at the top of this schedule)     Description       Purpose EXPENDITURE     Payee address:     City:     State:     Zip Code       Se4 .95     S301 Alpha Road, Dallas, TX 75249     <	06/09/2025	Jo's Creations (Jonell Wehmeyer						
8       (a) Category (See Categories listed at the top of this schedule)       (b) Description         PURPOSE       Event Expense       Fundraising Supplies         (c)       Check if austin, TX, officabider living expense         9 Complete (b)LY if direct expenditure to benefit C/OH       Candidate / Officabider name       Office sought County Judge       Office held         Date       Payee name       Candidate / Officabider name       Office sought County Judge       Office held         Date       Payee name       LandCo Designs       City:       State;       Zip Code         §237.26       860 Evening Shade Dr, Adkins TX 78101       Description       Category (see Categories listed at the top of this schedule)       Description         PURPOSE of Expenditure to benefit C/OH       Category (see Categories listed at the top of this schedule)       Description         Quertisement       Category (see Categories listed at the top of this schedule)       Description         Complete ONLY if direct expenditure to benefit C/OH       Candidate / Officeholder name       Office sought       Office held         Date       Office Payee name       Category (see Categories listed at the top of this schedule)       Categories istated at the top of this schedule)       Categories istated at the top of this schedule)         Date       Office Payee name       Category (see Categories listed at the top of this sc	6 Amount (\$)	7 Payee address;	City;	State; Zip Code				
PURPOSE OF EXPENDITURE         Event Expense         Fundraising Supplies           9         Complete ONLY if direct expenditure to benefit CiOH         Candidate / Officeholder name Brenda Trevino         Office sought County Judge         Office held County Judge           Date         Payee name 06/04/2025         LandCo Designs         Office held County Judge           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         Category (see Categories listed at the top of this schedule)         Description           Complete ONLY if direct expenditure to benefit CiOH         Advertisement         Caps/Magnets           Complete ONLY if direct expenditure to benefit CiOH         Payee name         Office hold revino           Complete ONLY if direct expenditure to benefit CiOH         Payee name         Office hold revino           Complete ONLY if direct expenditure to benefit CiOH         Payee name         Office hold revino           Odi/6/2025         Customink         City;         State;         Zip Code           S64.95         S301 Alpha Road, Dallas, TX 75249         Description         Marketing Materials           Complete ONLY if direct expendituret barent functi	<u>\$1777.60</u>	804 Killarney, Floresville, TX 7811	<u>4</u>					
OF EXPENDITURE         C           (e)         Check If taxel 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 County Judge           Date         Payee name LandCo Designs         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         Category (see Categories listed at the top of this schedule)         Description         Caps/Magnets           Complete ONLY if direct or EXPENDITURE         Check If ravel outside of Texas. Complete Schedule T.         Check If Austin, TX, officeholder living expense           Complete ONLY if direct or Check If avel outside of Texas. Complete Schedule T.         Check If Austin, TX, officeholder living expense           Complete ONLY if direct or Check If avel outside of Texas. Complete Schedule T.         Check If Austin, TX, officeholder living expense           Complete ONLY if direct or Check If avel outside of Texas. Complete Schedule T.         Check If Austin, TX, officeholder living expense           Complete ONLY if direct or Check If avel outside of Texas. Complete Schedule T.         Check If Austin, TX, officeholder living expense           Category (see Categori	8	(a) Category (See Categories listed at the top of this	schedule) (b) Description					
9 Complete ONLY if direct expenditure to benefit C/OH       Candidate / Office holder name       Office sought       Office held         Date       Payee name       LandCo Designs       City:       State:       Zip Code         Amount (\$)       Payee address;       City:       State:       Zip Code         § 237.26       860 Evening Shade Dr, Adkins TX 78101       Description       Category (see Categories listed at the top of this schedule)       Description         PURPOSE       Category (see Categories listed at the top of this schedule)       Description       Caps/Magnets         Complete ONLY if direct expenditure to benefit C/OH       Category (see Categories listed at the top of this schedule)       Description         Complete ONLY if direct expenditure to benefit C/OH       Category (see Categories listed at the top of this schedule)       Description         Date       Office holder / Officeholder name       Office sought       Office hold         Date       Payee name       Category (see Categories listed at the top of this schedule)       Category (see Categories listed at the top of this schedule)       Category (see Categories listed at the top of this schedule)         Date       Payee name       Office holder name       Office hold county Judge       Zip Code         §64.95       S301 Alpha Road, Dallas, TX 75249       Category (see Categories listed at the top of this schedule)       <	OF	Event Expense	Fundra	iising Supplies				
Complete State       Date       Payee name       County_Judge         Date       06/04/2025       LandCo Designs       City:       State:       Zip Code         \$237.26       860 Evening Shade Dr, Adkins TX 78101       Description       State:       Zip Code         \$237.26       860 Evening Shade Dr, Adkins TX 78101       Description       Category (see Categories listed at the top of this schedule)       Description         PURPOSE       Category (see Categories listed at the top of this schedule)       Description       Caps/Magnets         Complete ONLY if direct       Candidate / Officeholder name       Office sought       Office held         Brenda Trevino       County_Judge       County_Judge       Date       Payee name         06/16/2025       Customink       Candidate / Officeholder name       Office sought       Office held         06/16/2025       Customink       Category (see Categories listed at the top of this schedule)       Description         06/16/2025       Customink       Candidate / Officeholder name       Office sought       Office held         06/16/2025       Customink       Category (see Categories listed at the top of this schedule)       Description       State:       Zip Code         \$64.95       5301 Alpha Road, Dallas, TX 75249       Category (see Categories listed at the top of thi		(c) Check if travel outside of Texas. Complete Se	chedule T. Check if A	ustin, TX, officeholder living expense				
Def:       LandCo Designs         Amount (\$)       Payee address:       City:       State;       Zip Code         \$237.26       860 Evening Shade Dr, Adkins TX 78101       Description       Image: Code								
Amount (\$)       Payee address;       City;       State;       Zip Code         \$237.26       860 Evening Shade Dr, Adkins TX 78101       Description       Image: Category (See Categories listed at the top of this schedule)       Description         PURPOSE GF EXPENDITURE       Category (See Categories listed at the top of this schedule)       Description         Complete ONLY if direct expenditure to benefit C/OH       Candidate / Officeholder name       Office sought       Office held         Date       Payee name       CaustomInk       Category (See Categories listed at the top of this schedule)       Category Judge         Date       Payee name       CustomInk       Category (See Categories listed at the top of this schedule)       Description         \$64.95       5301 Alpha Road, Dallas, TX 75249       City;       State;       Zip Code         PURPOSE GF EXPENDITURE       Category (See Categories listed at the top of this schedule)       Description         PURPOSE GF EXPENDITURE       Category (See Categories listed at the top of this schedule)       Description         Marketing Materials       Category (See Categories listed at the top of this schedule)       Description         Gradidate / Officeholder Texas. Complete Schedule T.       Check if Austin, TX, officeholder living expense         Complete ONLY if direct       Candidate / Officeholder Texas. Complete Schedule T.       Check if Aus	Date	Payee name						
Strain       Project address;       Strain       Strain         \$237.26       860 Evening Shade Dr, Adkins TX 78101       Description         PURPOSE OF EXPENDITURE       Category (See Categories listed at the top of this schedule)       Description         Complete ONLY if direct expenditure to benefit C/OH       Candidate / Officeholder name       Office sought       Office held         Date       Payee name       CustomInk       CustomInk       City;       State;       Zip Code         Armount (\$)       Payee address;       City;       State;       Zip Code       State;       Zip Code         PURPOSE OF EXPENDITURE       Category (See Categories listed at the top of this schedule)       Description       Marketing Materials         Complete ONLY if direct expenditure to benefit C/OH       Category (See Categories listed at the top of this schedule)       Description         Date       Payee address;       City;       State;       Zip Code         \$64.95       5301 Alpha Road, Dallas, TX 75249       Category (See Categories listed at the top of this schedule)       Description         PURPOSE OF EXPENDITURE       Category (See Categories listed at the top of this schedule)       Description       Marketing Materials         Complete ONLY if direct expenditure in banefit C/OH       Check if reveloustide of Texas. Complete Schedule T.       Check if Austin	06/04/2025	LandCo Designs						
PURPOSE OF EXPENDITURE       Category (See Categories listed at the top of this schedule)       Description         Complete ONLY if direct expenditure to benefit C/OH       Advertisement       Candidate / Officeholder name       Office sought       Office held         Date       Payee name       Category (See Categories listed at the top of this schedule)       County Judge         Date       Payee name       CustomInk       City:       State;       Zip Code         \$64.95       \$301 Alpha Road, Dallas, TX 75249       Category (See Categories listed at the top of this schedule)       Description         PURPOSE of EXPENDITURE       Category (See Categories listed at the top of this schedule)       Description         Marketing Materials       Category (See Categories listed at the top of this schedule)       Description         PURPOSE of EXPENDITURE       Category (See Categories listed at the top of this schedule)       Description         Marketing Materials       Category (See Categories listed at the top of this schedule)       Description         Marketing Materials       Category (See Categories Schedule T.       Check if Austin, TX, officeholder living expense         Complete QNLY if direct evenedition to benefit C/OH       Candidate / Officeholder name       Office sought       Office held	Amount (\$)	Payee address;	City;	State; Zip Code				
PURPOSE OF EXPENDITURE       Advertisement       Caps/Magnets         Complete QNLY if direct expenditure to benefit C/OH       Check if travel outside of Texas. Complete Schedule T.       Check if Austin, TX, officeholder living expense         Complete QNLY if direct expenditure to benefit C/OH       Candidate / Officeholder name Defice sought       Office held         Date       Payee name       County Judge       County Judge         Date       Payee name       City:       State;       Zip Code         \$64.95       \$301 Alpha Road, Dallas, TX 75249       City:       State;       Zip Code         \$64.95       \$301 Alpha Road, Dallas, TX 75249       Description       Marketing Materials       Category (see Categories listed at the top of this schedule)       Description         PURPOSE OF EXPENDITURE       Category (see Categories listed at the top of this schedule)       Description       Marketing Materials         Complete QNLY if direct expenditure to benefit C/OH       Check if travel outside of Texas. Complete Schedule T.       Check if Austin, TX, officeholder living expense	<u>\$237.26</u>	860 Evening Shade Dr, Adkins T	<u>K 78101</u>					
OF EXPENDITURE     Advertisement     Calps/Magnets       Complete ONLY if direct expenditure to benefit C/OH     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     County Judge     County Judge       Date     Payee name     CustomInk     City;     State;     Zip Code       \$64.95     5301 Alpha Road, Dallas, TX 75249     Category (See Categories listed at the top of this schedule)     Description       PURPOSE OF EXPENDITURE     Advertisement     Marketing Materials     Marketing Materials       Complete ONLY if direct expenditure to henefit C/OH     Check if travel outside of Texas. Complete Schedule T.     Check if Austin, TX, officeholder living expense		Category (See Categories listed at the top of this s	chedule) Description					
Complete ONLY if direct expenditure to benefit C/OH       Candidate / Officeholder name       Office sought       Office held         Brenda Trevino       County Judge         Date       Payee name         06/16/2025       CustomInk         Amount (\$)       Payee address;       City;         \$64.95       5301 Alpha Road, Dallas, TX 75249         PURPOSE OF EXPENDITURE       Category (See Categories listed at the top of this schedule)       Description         Marketing Materials       Marketing Materials         Complete ONLY if direct expenditure to benefit C/OH       Candidate / Officeholder name       Office sought	OF	Advertisement	Caps/Ma	Caps/Magnets				
Complete ONLY if direct     Control data / Onlocito data / Control       expenditure to benefit C/OH     Brenda Trevino       Date     Payee name       06/16/2025     CustomInk       Amount (\$)     Payee address;       \$64.95     5301 Alpha Road, Dallas, TX 75249       PuRPOSE     Category (See Categories listed at the top of this schedule)       Description       Advertisement     Marketing Materials       Complete ONLY if direct     Candidate / Office holder name       Complete ONLY if direct     Candidate / Office holder name		Check if travel outside of Texas. Complete So	chedule T. Check if A	ustin, TX, officeholder living expense				
Brenda Trevino     County Judge       Date     Payee name       06/16/2025     CustomInk       Amount (\$)     Payee address;     City;     State;     Zip Code       \$64.95     5301 Alpha Road, Dallas, TX 75249     Category (See Categories listed at the top of this schedule)     Description       PURPOSE     Category (See Categories listed at the top of this schedule)     Description     Marketing Materials       PURPOSE     Advertisement     Marketing Materials     Category expense       Complete ONLY if direct     Candidate / Officeholder name     Office sought     Office held			Office sought	Office held				
O6/16/2025       CustomInk         Amount (\$)       Payee address;       City;       State;       Zip Code         \$64.95       5301 Alpha Road, Dallas, TX 75249            PURPOSE OF EXPENDITURE       Category (See Categories listed at the top of this schedule)       Description          Advertisement       Marketing Materials           Complete ONLY if direct expenditure to benefit C/0H       Candidate / Officeholder name       Office sought       Office held	expenditure to benefit C/OF	Brenda Trevino	County Judg	e				
Amount (\$)       Payee address;       City;       State;       Zip Code         \$64.95       5301 Alpha Road, Dallas, TX 75249             PURPOSE OF EXPENDITURE       Category (See Categories listed at the top of this schedule)       Description       Marketing Materials         Offer       Category (See Categories listed at the top of this schedule)       Description           Offer       Advertisement       Marketing Materials            Ocheck if travel outside of Texas. Complete Schedule T.       Check if Austin, TX, officeholder living expense          Complete ONLY if direct avaenditure to benefit C(OH       Candidate / Officeholder name       Office sought       Office held	Date	Payee name						
\$64.95       5301 Alpha Road, Dallas, TX 75249         PURPOSE OF EXPENDITURE       Category (See Categories listed at the top of this schedule)       Description         Advertisement       Marketing Materials         Complete ONLY if direct avrenditure to benefit C/OH       Candidate / Officeholder name       Office sought	06/16/2025	CustomInk						
PURPOSE OF EXPENDITURE       Category (See Categories listed at the top of this schedule)       Description         Advertisement       Marketing Materials         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	Amount (\$)	Payee address;	City;	State; Zip Code				
PURPOSE OF EXPENDITURE       Advertisement       Marketing Materials         Complete ONLY if direct expenditure to benefit C/OH       Check if travel outside of Texas. Complete Schedule T.       Check if Austin, TX, officeholder living expense	<u>\$64.95</u>	5301 Alpha Road, Dallas, TX 75249						
OF EXPENDITURE     Advertisement     Marketing Materials       Complete ONLY if direct expenditure to benefit C/OH     Check if travel outside of Texas. Complete Schedule T.     Check if Austin, TX, officeholder living expense		Category (See Categories listed at the top of this s	chedule) Description					
Complete ONLY if direct         Candidate / Officeholder name         Office sought         Office held	OF	Advertisement	Marketing	Materials				
evoniture to benefit C/OH	· ·	Check if travel outside of Texas. Complete S	chedule T. Check if A	ustin, TX, officeholder living expense				
expenditure to benefit C/OH Brenda Trevino County Judge			Office sought	Office held				
	expenditure to benefit C/OF	Brenda Trevino	County Judge					

#### ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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### SCHEDULE F1

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Accounting/Banking         Fees         Office Overhead           Consulting Expense         Food/Beverage Expense         Polling Expense           Contributions/Donations Made By         Gift/Awards/Memorials Expense         Printing Expense			head/Re ense pense ages/Co	oense ages/Contract Labor			Solicitation/Fundraising Expense Transportation Equipment & Related Expens Travel In District Travel Out Of District Other (enter a category not listed above)			
1 Total pages Schedule F1:		ME Trevino					3 Filer	ID (Ethics	s Commission Filers)	
4 Date	5 Payee nar					I				
06/18/2025	1st S	Source Digital								
6 Amount (\$)	7 Payee add	dress;			C	City;		State;	Zip Code	
<u>\$909.30</u>	4390	E FM 1518, Selma, TX 7815	54							
8	(a) Category	(See Categories listed at the top of this	schedule)	(b) [	Desc	cription				
PURPOSE		Advertisement				Signs				
OF										
EAFENDITORE			abodula T	Iг		Check if Auri'	TV . 45	abolder livie		
		Check if travel outside of Texas. Complete S	chequie I.			Check if Austin	, IX, ΟΠΙCE	enolaer living		
9 Complete ONLY if direct expenditure to benefit C/OH Brenda Trevino						e sought Inty Judge			Office held	
Date	Payee nar	ne								
06/18/2025	Wilson County First Responders									
Amount (\$)	Pavee ad	Payee address; City; State; Zip Code						Zip Code		
								<b>*</b>	and an	
<u>\$1000.00</u>	Flore	<u>sville, TX 78114</u>					1-			
	Category	(See Categories listed at the top of this s	schedule)	0	Des	cription				
PURPOSE OF	Co	ontribution			V	Vild Game I	Dinner			
EXPENDITURE										
	Check if travel outside of Texas. Complete Schedule T.					Check if Austin	n, TX, office	eholder living	g expense	
Complete ONLY if direct		ate / Officeholder name		C	Office	e sought			Office held	
expenditure to benefit C/OF	Brenda Trevino				Cou	nty Judge				
Date	Payee na	me								
	Amazon									
06/26/2025	Anazon									
Amount (\$)	Payee ad	dress;			(	City;		State;	Zip Code	
<u>\$135.44</u>	Online									
	Category	(See Categories listed at the top of this s	schedule)	[	Des	cription				
PURPOSE					0	ffice Supplie	20			
OF EXPENDITURE	Offi	ce Overhead			2	noe oupplie				
		Check if travel outside of Texas. Complete S	Schedule T.	[		Check if Austin	n, TX, office	eholder living	g expense	
Complete ONLY if direct	Candida	ate / Officeholder name		(	Offic	e sought			Office held	
expenditure to benefit C/OF	Brenc	la Trevino		County Judge						
	ATT	ACH ADDITIONAL COPIES	OF THIS	SCHE	EDU	ILE AS NEE	DED			

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### SCHEDULE F1

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Accounting/Banking         Fees         Office Overheat           Consulting Expense         Food/Beverage Expense         Polling Expense           Contributions/Donations Made By         Gift/Awards/Memorials Expense         Printing Expense		head/F ense pense ages/C	ense iges/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Travel In District Travel Out Of District Other (enter a category not listed abc		oment & Related Expense		
1 Total pages Schedule F1:		IAME da Trevino					3 Filer	ID (Ethic	s Commission Filers)
4 Date	5 Payee na					I			
06/30/2025		stom Balloon Now							
6 Amount (\$)	7 Payee a	ddress;			С	ity;		State;	Zip Code
<u>\$97.60</u>	<u>161(</u>	07 Kensington Dr, Sugarland	TX 77479				5		
8	(a) Catego	ry (See Categories listed at the top of thi	s schedule)	(b) I	Desc	ription			
PURPOSE OF EXPENDITURE		Advertisement				Marketing	g Materia	ls	
	(c)	Check if travel outside of Texas. Complete	Schedule T.			Check if Austi	n, TX, office	holder livin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	omplete ONLT in direct					sought nty Judge			Office held
Date	Payee n	ame							
06/30/2025	-	Wilson County Nes							
Amount (\$)	Pavee a	Payee address; City; State; Zip Code							Zip Code
\$70.00		1012 C Street, Floresville, TX 78114							
	Categor	y (See Categories listed at the top of this	schedule)		Desc	ription			
PURPOSE OF EXPENDITURE	OF Advertisement Newspaper Advertisement					ement			
Check if travel outside of Texas. Complete Schedule T.					Check if Austin, TX, officeholder living expense				
Complete ONLY if direct		date / Officeholder name		Office sought Office held					Office held
expenditure to benefit C/OF		enda Trevino		County Judge					
Date	Payeer	ame							
06/05/2025	Arcadia	Theater							
Amount (\$)	Payee a	ddress;			C	City;		State;	Zip Code
<u>\$400.00</u>	1417 3rd Street, Floresville, TX 78114								
	Categor	y (See Categories listed at the top of this	schedule)		Desc	ription			
PURPOSE OF EXPENDITURE	Adve	ertisement			Ad	vertiseme	nt Spons	or	
		Check if travel outside of Texas. Complete	Schedule T.			Check if Austi	n, TX, office	holder livin	g expense
Complete ONLY if direct	Candi	date / Officeholder name			Office	e sought			Office held
expenditure to benefit C/OF	Brer	nda Trevino		<u>C</u>	Coun	ty Judge			
	A	TACH ADDITIONAL COPIE	S OF THIS	SCH	EDU	LE AS NEE	EDED		

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### SCHEDULE F1

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

EXPENDITURE CATEG	ORIES FOR BOX 8(a)
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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 The Instruction Guide explain	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor xplains how to complete this form.		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F1:		IAME da Trevino			3 Filer ID (Ethics	s Commission Filers)
4 Date	5 Payee na	ame				
06/30/2025	Wil	son County				
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code
<u>\$45.00</u>	<u>1103</u>	3 4th Street, Floresville, TX				
8	(a) Catego	ry (See Categories listed at the top of this	schedule)	(b) Description		
PURPOSE OF EXPENDITURE		Office Overhead		Records	Request	
	(c)	Check if travel outside of Texas. Complete S	Schedule T.	Check if Austi	n, TX, officeholder living	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		date / Officeholder name enda Trevino		Office sought County Judge		Office held
Date	Payee n	ame				
Amount (\$)	Payee a	address;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Categor	ry (See Categories listed at the top of this	schedule)	Description		
		Check if travel outside of Texas. Complete	Schedule T.	Check if Aust	in, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		date / Officeholder name		Office sought		Office held
Date	Payee	name				
Amount (\$)	Payee a	address;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Catego	ry (See Categories listed at the top of this	schedule)	Description		
		Check if travel outside of Texas. Complete	Schedule T.	Check if Aus	lin, TX, officeholder livir	ng expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		idate / Officeholder name		Office sought		Office held
	A	TTACH ADDITIONAL COPIE	S OF THIS	SCHEDULE AS NE	EDED	

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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 CATEG	ORIES F	OR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ I Committee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Over Polling Exp Printing Exp Salaries/Wa	oense ages/Contract Labor	Solicitation/Fundraising E Transportation Equipmer Travel In District Travel Out Of District Other (enter a category n	t & Related Expense	
					3 Filer ID (Ethics Co	ommission Filers)	
Total pages Schedule G:	2 FILER NA						
	Brenda			1			
Date	5 Payee na WalMa						
05/04/2025				City;	State;	Zip Code	
Amount (\$) <u>\$27.42</u>	7 Payee ad	ldress;		0.197			
Reimbursement from		Floresville, TX					
x political contributions intended							
	(a) Category (See Categories listed at the top of this schedule) (b) Description				alance file folders		
PURPOSE OF	Office Overhead Paper, envelopes, file folders						
EXPENDITURE	(c)	Check if travel outside of Texas. Complete Sch	nedule T.	Check if Austi	n, TX, officeholder living exp		
		idate / Officeholder name		Office sought	(	Office held	
Complete ONLY if direct		da Trevino		County Judge			
expenditure to benefit C/OH							
Date	Payee n						
05/11/2025	Laura	a's Crafty Creations		0:1	State;	Zip Code	
Amount (\$) \$300.00	Payee a	address;		City;	Otato,		
Reimbursement from political contributions	235	CR 151, Floresville, TX 78114					
intended	Catego	ory (See Categories listed at the top of this	schedule)	Description			
PURPOSE	Advertisement			T-shirt Order D	Deposit		
					stin, TX, officeholder living expense		
		Check if travel outside of Texas. Complete S	schedule 1.	Office sought		Office held	
Complete ONLY if direct	Candidate / Onicendider Hand						
expenditure to benefit C	/OH Br	enda Trevino		County Sudge			
Date	Payee	name					
05/15/2025	Texas	s Pearl Marketing					
Amount (\$) \$104.98	Payee	address;		City;	State;	Zip Code	
Anount (*) <u>\$104.98</u>	972	29 Elmendorf La Vernia Rd, Sa	an Antonio	o, TX 782236			
Reimbursement from political contributions intended				Description			
DUDDOSE	Category (See Categories listed at the top of this schedule) Advertisement		Business Ca	irds			
PURPOSE							
EXPENDITURE	Г	Check if travel outside of Texas. Complete	Schedule T.	Check if A	ustin, TX, officeholder living	Office held	
	Ca	ndidate / Officeholder name		Office sought		Office heid	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Bre	enda Trevino		County Judge			
		TTACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NE	EEDED		
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OLITICAL E	PENDITURES MADE FROM		SCHED	ULE <b>G</b>
EDSONAL F	UNDS mation is not applicable, DO NOT include t	his page in the rep	port.	
the requested infor		FOR BOX 8(a)		
ertising Expense punting/Banking sulting Expense iributions/Donations Made By ndidate/Officeholder/Politica	Event Expense Office O Fees Polling E Food/Beverage Expense Printing Gift/Awards/Memorials Expense Salaries	ayment/Reimbursement verhead/Rental Expense xpense Expense Wages/Contract Labor	Solicitation/Fundraising Exp Transportation Equipment & Travel In District Travel Out Of District Other (enter a category not)	Related Expenses
it Card Payment	The Instruction Guide explains now to		3 Filer ID (Ethics Com	mission Filers)
otal pages Schedule G:	2 FILER NAME Brenda Trevino			
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Reimbursement from	7 Payee address; Online	Oky,		
political contributions intended	(a) Category (See Categories listed at the top of this schedule) Office Overhead	(b) Description Tri-Fold Brow	chures	
OF	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aus Office sought	stin, TX, officeholder living expe	nse ffice held
mplete <u>ONLY</u> if direct penditure to benefit C/OH	Candidate / Officeholder name Brenda Trevino	County Judge		
Date	Payee name		21443	Zip Code
Amount (\$)	Payee address;	City;	State;	
Reimbursement from political contributions intended	Category (See Categories listed at the top of this schedul	e) Description		
PURPOSE OF		Austin, TX, officeholder living ex	pense	
Complete ONLY if dire	Check if travel outside of Texas. Complete Schedule T. Check if Austrit, TA, Unice Austri			
expenditure to benefit	C/OH Payee name			
Date	Payee address;	City;	State;	Zip Code
Amount (\$) Reimbursement fro political contributio	m			
PURPOSE	Category (See Categories listed at the top of this sched	lule) Description	1	
OF EXPENDITURE	Check if travel outside of Texas. Complete Sched	if Austin, TX, officeholder living expense Office held		
Complete <u>ONLY</u> if direct expenditure to benefit C	Candidate / Officeholder name	Office sought		
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS	NEEDED	
	as Ethics Commission www.ethics.			Revised 1/