

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Rosa	MI E.
	NICKNAME	LAST Trevino	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX:	APT / SUITE #:	CITY: STATE: ZIP CODE
	1200 Alan Ave. Pharr, Texas 78577		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	( 956 )	781-1446	(956) 460-5039
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Carlos	MI
	NICKNAME	LAST Trevino	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE):	APT / SUITE #:	CITY: STATE: ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	( 956 )	380-6413	(956) 460-5925
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month	Day	Year
	07	01	2009
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
		03	02
		2010	
		<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
	Justice of the Peace Pct. 2 Pl 2	Justice of the Peace Pct. 2 Pl. 2	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS  <input type="checkbox"/> additional pages	.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ..		
	Name		
	N/A		
Address / PO Box: Apt. / Suite #: City: State: Zip Code			
N/A			

OFFICE USE ONLY	
Date Received	2010 JAN 15 PM 2:37
Date Hand-delivered	
Date Postmarked	
Receipt #	Amount
Date Processed	
Date Imaged	

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

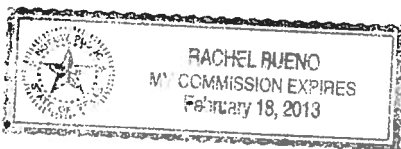
FORM C/OH  
COVER SHEET PG 2

<b>15 C/OH NAME</b> Rosa E. Trevino	<b>16 ACCOUNT # (Ethics Commission filers)</b>
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<b>17 NOTICE FROM POLITICAL COMMITTEE(S)</b>	** This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **	
<input type="checkbox"/> additional pages	<b>COMMITTEE TYPE</b>  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	<b>COMMITTEE NAME</b>
		<b>COMMITTEE ADDRESS</b>
		<b>COMMITTEE CAMPAIGN TREASURER NAME</b>
		<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>

<b>18 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 19,940.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 16,508.18
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 19,940.00
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 5,000.00

**19 AFFIDAVIT**



AFFIX NOTARY STAMP / SEAL ABOVE

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.

*Rosa E. Trevino*  
\_\_\_\_\_  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Rosa E. Trevino, this the 15<sup>th</sup> day of January, 20 10, to certify which, witness my hand and seal of office.

*Rachel Bueno*  
\_\_\_\_\_  
Signature of officer administering oath

Rachel Bueno  
\_\_\_\_\_  
Printed name of officer administering oath

Notary Public  
\_\_\_\_\_  
Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Rosa E. Trevino

3 ACCOUNT # (Ethics Commission files)

4 Date  
10/27/09

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Tillmin G. or Carrie Beth Welch

7 Amount of  
contribution (\$)

8 In-kind contribution  
description (if applicable)

6 Contributor address; City; State; Zip Code  
710 El Cibolo Edinburg, Texas 78541

500.00

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date  
10/28/09

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

Amount of  
contribution (\$)

In-kind contribution  
description (if applicable)

Alberto & Alma Trevino  
Contributor address; City; State; Zip Code  
819 N. I Rd. Pharr, Texas 78577

1,000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
10/26/09

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

Amount of  
contribution (\$)

In-kind contribution  
description (if applicable)

Javier Morales  
Contributor address; City; State; Zip Code  
12403 N. Bail Bond Drive Edinburg, Tx 78542

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
10/29/09

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

Amount of  
contribution (\$)

In-kind contribution  
description (if applicable)

John M. Kreidler  
Contributor address; City; State; Zip Code  
P.O. Box 627 McAllen, Texas 78505

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
10/29/09

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

Amount of  
contribution (\$)

In-kind contribution  
description (if applicable)

John M. or Kay Kreidler  
Contributor address; City; State; Zip Code  
1601 Orchid McAllen, Texas 78504

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Rosa E. Trevino

3 ACCOUNT # (Ethics Commission filer)

4 Date  
11/02/09

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Mr. Benny Palmer

7 Amount of  
contribution (\$)

8 In-kind contribution  
description (if applicable)

6 Contributor address; City; State; Zip Code

Alamo Country Creek Alamo, Texas 78516

100.00

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date  
10/30/09

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

Jose Ortegon

Amount of  
contribution (\$)

In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code

2519 Harvey St. McAllen, Texas 78501

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
11/04/09

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

Ann Maddox Moore

Amount of  
contribution (\$)

In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code

111 W. Erie Ave. Mcallen, Texas 78501

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
11/03/09

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

Cesar Alberto Matos M.D. or Laura L. Matos

Amount of  
contribution (\$)

In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code

1409 Fullerton Ave. Mcallen, TEXas 78504

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
11/04/09

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

Leonardo Varela

Amount of  
contribution (\$)

In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code

P.O. Box 8962 Hidalgo, TEXas 78557

290.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Rosa E. Trevino

3 ACCOUNT # (Ethics Commission files)

4 Date

11/03/09

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

Carlos De Juana M.D.

7 Amount of contribution (\$)

200.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

110 E. Savannah Building C. McAllen, Tx 78503

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

11/09/09

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

Sylvia Carreras

Amount of contribution (\$)

1,000.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1016 Griffin Parkway Mission, Texas 78572

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/04/09

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

Alan Yoder

Amount of contribution (\$)

2,000.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

P.O. Box 3097 Mcallen, Texas 78502

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/09/09

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

Orendain & Dominguez Atty. At Law

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

320 S. 8th St. Greystone Centre Mcallen, Tx 78501

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/10/09

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

Rene Anzaldua

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

P.O. Box 2658 Edinburg, Texas 78540

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Rosa E. Trevino

3 ACCOUNT # (Ethics Commission filer)

4 Date

11/16/09

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

Alvaro & Isabel Lopez

7 Amount of contribution (\$)

250.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

4316 Sierra Dr. Palmhurst, Texas 78574

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

11/13/09

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

Steve Grill

Amount of contribution (\$)

400.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

P.O. Box 6029 McAllen, Texas 78502

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/24/09

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

Carmen Davila & Leonardo Varela Resendez

Amount of contribution (\$)

1,000.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

P.O. Box 8962 Hidalgo, Texas 78557

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/5/09

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

Javier Cantu Barragan

Amount of contribution (\$)

3,000.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/19/09

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

John King

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

3409 N. 10th St. Ste. 100 Mcallen, Texas  
78501

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Rosa E. Trevino

3 ACCOUNT # (Ethics Commission filers)

4 Date

11/19/09

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

Victor Haddad M.D. & Mary Haddad

6 Contributor address; City; State; Zip Code

4008 Burns Drive So. McAllen, Texas 78503

7 Amount of contribution (\$)

500.00

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

11/18/09

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

Rene A. Anzaldua

Contributor address; City; State; Zip Code

12409 Bail Bond Drive Edinburg, Texas 78540

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/18/09

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

John Dennett & George Lackey

Contributor address; City; State; Zip Code

307 Plantation Drive Pharr, Texas 78577

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/19/09

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

Robert Gastel

Contributor address; City; State; Zip Code

2112 Scout Lane Mission, Texas 78572

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/18/09

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

Roberto Cervantez

Contributor address; City; State; Zip Code

2627 N. Cage Pharr, Texas 78577

Amount of contribution (\$)

1,000.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Rosa E. Trevino

3 ACCOUNT # (Ethics Commission filer)

4 Date

11/23/09

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

Dennis Mezza Cavasos

7 Amount of contribution (\$)

50.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

P.O. Box 262 Hidalgo, Texas 78557

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

12/2/09

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

Ignacio Ruiz

Amount of contribution (\$)

300.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

706 E. Expressway Pharr, Texas 78577

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/3/09

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

Michael E. Flanagan

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

809 Chicago Ave. Mcallen, Texas 78501

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/17/09

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

Ricardo & Carolina Perez

Amount of contribution (\$)

1,000.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

P.O. Box 4629 McAllen, TEXAS 78502

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/11/09

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

Salil Mangi M.D.

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1901 S. 1st. St. Ste. 600 Mcallen, TEXAS  
78503

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Rosa E. Trevino

3 ACCOUNT # (Ethics Commission filers)

4 Date

11/17/09

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

Lineberger & Goggen

7 Amount of  
contribution (\$)

500.00

8 In-kind contribution  
description (if applicable)

6 Contributor address; City; State; Zip Code

P.O. Box 17428 Austin, TEXAS 78760

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

11/30/09

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

Leon & Velma De Leon

Amount of  
contribution (\$)

2,000.00

In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code

P.O. Box 1517 Edinburg, Texas 78540

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of  
contribution (\$)

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of  
contribution (\$)

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of  
contribution (\$)

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

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

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule B:
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2 FILER NAME	3 ACCOUNT # (Ethics Commission filers)
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4 TOTAL OF UNITEMIZED PLEDGES:    ⇨   ⇨   ⇨   ⇨   ⇨   ⇨	\$
---	----

5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	8 Amount of pledge (\$)	9 In-kind description (if applicable)
7 Pledgor address;                      City;    State;    Zip Code			

10 Principal occupation / Job title (See Instructions)	11 Employer (See Instructions)
--	--------------------------------

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address;                      City;    State;    Zip Code			

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address;                      City;    State;    Zip Code			

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address;                      City;    State;    Zip Code			

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address;                      City;    State;    Zip Code			

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

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

**LOANS**

**SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> Total pages Schedule E:
<b>2</b> FILER NAME  Rosa E. Trevino		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> TOTAL OF UNITEMIZED LOANS:    ⇨   ⇨   ⇨   ⇨   ⇨   ⇨		\$ 5,000.00
<b>5</b> Date of loan  10/27/09	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)  Lone Star National Bank	<b>9</b> Loan Amount (\$)  \$5,000.00
<b>6</b> Is lender a financial institution?  <input checked="" type="radio"/> Y <input type="radio"/> N	<b>8</b> Lender address;    City;    State;    Zip Code  520 E. Nolana    McAllen, Texas 78504	<b>10</b> Interest rate  6.00 %
		<b>11</b> Maturity date  04/23/2010
<b>12</b> Principal occupation / Job title (See Instructions)  Justice of the Peace		<b>13</b> Employer (See Instructions)  Hidalgo County
<b>14</b> Description of Collateral <input type="checkbox"/> none		
<b>15</b> GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	<b>16</b> Name of guarantor  ..... <b>17</b> Guarantor address;    City;    State;    Zip Code	<b>18</b> Amount Guaranteed (\$)
<b>19</b> Principal Occupation		<b>20</b> Employer
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution?  Y    N	Lender address;    City;    State;    Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		
<b>GUARANTOR INFORMATION</b>  <input type="checkbox"/> not applicable	Name of guarantor  ..... Guarantor address;    City;    State;    Zip Code	Amount Guaranteed (\$)
Principal Occupation		Employer

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

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

Rosa E. Trevino

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/27/09

5 Payee name

Rodd &amp; Associates

7 Amount

(\$)

6 Payee address; City; State; Zip Code

P.O. Box 4395 McAllen, Texas 78502

930.69

8 Purpose of payment (See instructions regarding type of information required.)

Photo Session layouts, Fund Raiser post cards, printing of envelopes

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

12/03/09

Payee name

Pharr Post Office

Amount

(\$)

Payee address; City; State; Zip Code

301 W. Park Pharr, Texas 78577

98.12

Purpose of payment (See instructions regarding type of information required.)

Postage for mail outs

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

10/21/09

Payee name

Office Depot

Amount

(\$)

Payee address; City; State; Zip Code

910 E. Expressway 83 McAllen, Texas 78501

35.70

Purpose of payment (See instructions regarding type of information required.)

Labels and Address Stamp

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

11/18/09

Payee name

Sam's Club

Amount

(\$)

Payee address; City; State; Zip Code

1400 E. Jackson Ave. McAllen, Texas 78503

385.12

Purpose of payment (See instructions regarding type of information required.)

Thanksgiving Party

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule F:
---	---------------------------

2 FILER NAME Rosa E. Trevino	3 ACCOUNT # (Ethics Commission filers)
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4 Date 11/23/09	5 Payee name H-E-B ..... 6 Payee address; City; State; Zip Code 901 Trenton Road, McAllen, Texas 78504	7 Amount (\$)  321.78
--------------------	--	-----------------------------

8 Purpose of payment (See instructions regarding type of information required.) Thanksgiving Dinner	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
--	---

Date 11/19/09	Payee name H-E-B ..... Payee address; City; State; Zip Code 901 W. Expressway 83 San Juan, Texas 78589	Amount (\$)  153.67
------------------	--	---------------------------

Purpose of payment (See instructions regarding type of information required.) Thanksgiving Party	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
---	---

Date 08/27/09	Payee name J.D. Franz & Concerned Citizens of Hidalgo ..... Payee address; City; State; Zip Code Tierra del Sol, 700 E. Hall Acres Rd. Pharr, Texas 78577	Amount (\$)  1,000.00
------------------	---	-----------------------------

Purpose of payment (See instructions regarding type of information required.) Sponsorship	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
--	---

Date 01/04/10	Payee name Rodd & Associates ..... Payee address; City; State; Zip Code P.O. Box 4395 McAllen, Texas 78502	Amount (\$)  4,424.18
------------------	--	-----------------------------

Purpose of payment (See instructions regarding type of information required.) Printing of 2 sided political signs	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
--	---

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

Rosa E. Trevino

3 ACCOUNT # (Ethics Commission filers)

4 Date

11/23/09

5 Payee name

Rogelio Garza

7 Amount (\$)

600.00

6 Payee address; City; State; Zip Code

8 Purpose of payment (See instructions regarding type of information required.)

Dinner Donations

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

12/03/09

Payee name

Rodd & Associates

Amount (\$)

5,000.00

Payee address; City; State; Zip Code

P.O. Box 4395 McAllen, Texas 78502

Purpose of payment (See instructions regarding type of information required.)

Advertising Agency Service Fees.

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

12/07/09

Payee name

H-E-B

Amount (\$)

93.93

Payee address; City; State; Zip Code

901 W. Expressway 83 San Juan Texas 78589

Purpose of payment (See instructions regarding type of information required.)

Food for Christmas Party

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

12/22/09

Payee name

Sam's Club

Amount (\$)

382.98

Payee address; City; State; Zip Code

1400 E. Jackson Ave. McAllen, Texas 78503

Purpose of payment (See instructions regarding type of information required.)

Christmas Party and Gifts

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule F:
---	---------------------------

2 FILER NAME  Rosa E. Trevino	3 ACCOUNT # (Ethics Commission filers)
-------------------------------------	--

4 Date 01/13/10	5 Payee name KGBT Radio	7 Amount (\$)  300.00
6 Payee address; City; State; Zip Code		

8 Purpose of payment (See instructions regarding type of information required.)  Sponsorship for Radio	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
--	---

Date 11/25/09	Payee name H-E-B	Amount (\$)  47.07
Payee address; City; State; Zip Code  901 W. Expressway 83, San Juan Texas 78589		

Purpose of payment (See instructions regarding type of information required.)  Thanksgiving Dinner	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
--	---

Date 11/29/09	Payee name KGBT Radio	Amount (\$)  300.00
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.)  Sponsorship for Radio	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
--	---

Date 12/03/09	Payee name Hidalgo County Democratic Party	Amount (\$)  1,000.00
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.)  Filling Fee	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
--	---

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# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME Rosa E. Trevino		3 ACCOUNT # (Ethics Commission filer's)
4 Date 12/06/09	5 Payee name Wal-Mart 6 Payee address; City; State; Zip Code McAllen, Texas	7 Amount (\$) 500.00
8 Purpose of payment (See instructions regarding type of information required.) Christmas Party		9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date 12/07/09	Payee name Wal-Mart Payee address; City; State; Zip Code McAllen, Texas	Amount (\$) 134.94
Purpose of payment (See instructions regarding type of information required.) Christmas Party		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date 1/1/10	Payee name Oguer Rodriguez- Catering Payee address; City; State; Zip Code McAllen, Texas	Amount (\$) 800.00
Purpose of payment (See instructions regarding type of information required.) New Years Party		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

8 Amount (\$)

6 Payee address; City; State; Zip Code

7 Purpose of expenditure (See instructions regarding type of information required.)

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

## SCHEDULE H

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> Total pages Schedule H.
<b>2</b> FILER NAME		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> Date	<b>5</b> Business name  ..... <b>6</b> Business address; City; State; Zip Code	<b>7</b> Amount (\$)
<b>8</b> Purpose of payment (See instructions regarding type of information required.)	<b>9</b> .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name      Office sought      Office held	
Date	Business name  ..... Business address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)	.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name      Office sought      Office held	
Date	Business name  ..... Business address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)	.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name      Office sought      Office held	
Date	Business name  ..... Business address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)	.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name      Office sought      Office held	
Date	Business name  ..... Business address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)	.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name      Office sought      Office held	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule I:
2 FILER NAME	3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	8 Amount (\$)
	6 Payee address; City; State; Zip Code	
	7 Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

# CREDITS (optional)

# SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule K:
2 FILER NAME		3 ACCOUNT # (Ethics Commission files):
4 Date	5 Payor name ..... 6 Payor address;           City; State; Zip Code	8 Amount (\$)
	7 Reason for credit	
Date	Payor name ..... Payor address;           City; State; Zip Code	Amount (\$)
	Reason for credit	
Date	Payor name ..... Payor address;           City; State; Zip Code	Amount (\$)
	Reason for credit	
Date	Payor name ..... Payor address;           City; State; Zip Code	Amount (\$)
	Reason for credit	
Date	Payor name ..... Payor address;           City; State; Zip Code	Amount (\$)
	Reason for credit	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

# IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

## SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T:
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
6 Dates of travel	7 Name of person(s) traveling	
	8 Departure city or name of departure location	
	9 Destination city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

## FORM C/OH - FR

The Instruction Guide explains how to complete this form.

**\*\* Complete only if "Report Type" on page 1 is marked "Final Report" \*\***

1 C/OH NAME

2 ACCOUNT # (Ethics Commission Only)

### 3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

\_\_\_\_\_  
Signature of Candidate / Officeholder

### 4 FILER WHO IS NOT AN OFFICEHOLDER

**\*\* Complete A & B below *only* if you are not an officeholder. \*\***

#### A. CAMPAIGN FUNDS

Check only one:

- I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

#### B. ASSETS

Check only one:

- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

\_\_\_\_\_  
Signature of Candidate

### 5 OFFICEHOLDER

**\*\* Complete this section *only* if you are an officeholder \*\***

- I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, at the time I cease holding office, I retain assets purchased with political contributions or interest or other income from political contributions.

\_\_\_\_\_  
Signature of Officeholder