

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Eloy Trevino 15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

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

COMMITTEE TYPE

GENERAL

SPECIFIC

additional pages

COMMITTEE NAME

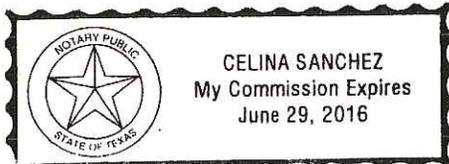
COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ -0-
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3225.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ -0-
	4. TOTAL POLITICAL EXPENDITURES	\$ 5545. ⁴⁰
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4837.⁴⁰ * 6837. ³⁰
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 35,000.00

18 AFFIDAVIT



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

[Handwritten Signature]

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Eloy Trevino, this the 29 day of July, 20 14, to certify which, witness my hand and seal of office.

Celina Sanchez Celina Sanchez AVP

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath



CELINA SANCHEZ
My Commission Expires
June 29, 2016

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

ELOY TREVINO

3 ACCOUNT # (Ethics Commission Filers)

4 Date

6/23/14

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

SARKIS J. KECHEJIAN

6 Contributor address; City; State; Zip Code

5515 EDLED DR.

DALLAS TX 75220-2105

7 Amount of contribution (\$)

200.⁰⁰

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

6/22/14

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

LISA R. TREVINO

Contributor address; City; State; Zip Code

1200 E. ALAN ST

PHARR TX 78577

Amount of contribution (\$)

500.⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/27/14

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

MARIA TERESA GARZA

Contributor address; City; State; Zip Code

201 W. JACKSON

MCALLEN TX 78501

Amount of contribution (\$)

75.⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/28/14

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

NORMAN Z. CORDOVA

Contributor address; City; State; Zip Code

121 S. 8TH ST.

DONNA TX 78537

Amount of contribution (\$)

450.⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/26/14

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

ALBERTO TREVINO

Contributor address; City; State; Zip Code

819 N. VETERANS BLVD

PHARR TX 78577

Amount of contribution (\$)

1000.⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE 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 ELOY TREVINO		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 6/30/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MEMORIAL FUNERAL HOME	7 Amount of contribution (\$) 500.⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 311 E. EXPRESSWAY 83 SAN JUAN TX 78589		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 6/30/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MEMORIAL FUNERAL HOME	Amount of contribution (\$) 500.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. BOX 1517 EDINBURG TX 78540		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 4	2 FILER NAME ELOY TREVINO	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 6/27/14	5 Payee name ANDRES PERALES
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6 Amount (\$) 250.00	7 Payee address; City; State; Zip Code 245 St. ANN PHARR TX 78577
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule): LABOR	(b) Description (If travel outside of Texas, complete Schedule T)
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6/27/14	Payee name RUDY GARZA JR
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Amount (\$) 125.30	Payee address; City; State; Zip Code 3700 TOWN AVE MCALLEN TX 78501
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule): GAS	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6/27/14	Payee name MARIA CANTU
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Amount (\$) 500.00	Payee address; City; State; Zip Code 810 N. ORBLATE SAN JUAN TX 78589
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule): LABOR	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6/27/14	Payee name MARIA E. ALVARADO
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Amount (\$) 1030.00	Payee address; City; State; Zip Code 730 N. DAHLIA PHARR TX 78577
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule): LABOR	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME ELOY TREVINO	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 6/27/14	5 Payee name MARIA ELENA LUNA
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6 Amount (\$) 200.00 *	7 Payee address; City; State; Zip Code 730 N. DAHLIA PHARR TX 78577
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) LABOR	(b) Description (If travel outside of Texas, complete Schedule T)
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6/27/14	Payee name JORGE A. ALVARADO
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Amount (\$) 500.00	Payee address; City; State; Zip Code 730 N. DAHLIA PHARR TX 78577
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) LABOR	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6/27/14	Payee name MINERVA HERNANDEZ
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Amount (\$) 300.00	Payee address; City; State; Zip Code P.O. BOX 1565 PHARR TX 78577
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) LABOR	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6/27/14	Payee name ROSA PENA
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Amount (\$) 490.10	Payee address; City; State; Zip Code 1308 ANDREW SAN JUAN 78589
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) LABOR	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:		2 FILER NAME ELOY TREVINO		3 ACCOUNT # (Ethics Commission Filer)	
4 Date 6/24/14		5 Payee name ISRAEL CANTU			
6 Amount (\$) 500. ⁰⁰		7 Payee address; City; State; Zip Code 2606 DAHLIA PHARR TX 78577			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) LABOR		(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 6/28/14		Payee name ROSA TORRES			
Amount (\$) 350. ⁰⁰		Payee address; City; State; Zip Code P.O. BOX 964 ALAMO TX 78516			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) LABOR		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 6/28/14		Payee name IRMA VILLAGREAL			
Amount (\$) 350. ⁰⁰		Payee address; City; State; Zip Code P.O. BOX 37 ALAMO TX 78516			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) LABOR		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 6/28/14		Payee name OLGA RODRIGUEZ			
Amount (\$) 750. ⁰⁰		Payee address; City; State; Zip Code 739 N. 9th ALAMO TX 78516			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) LABOR		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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1 Total pages Schedule F:	2 FILER NAME <i>Eloy TREVINO</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>6/28/14</i>	5 Payee name <i>DOMITILA MACIAS</i>
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6 Amount (\$) <i>200⁰⁰</i>	7 Payee address; City; State; Zip Code <i>3/4 mi. SIOUX RD ALAMO TX 78516</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>LABOR</i>	(b) Description (If travel outside of Texas, complete Schedule T)
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE*	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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