

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 1**

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

1 Filer ID (Ethics Commission Filers)

2 Total pages filed: **26**

**OFFICE USE ONLY**

Date Received

**RECEIVED**  
JUL 14 2025  
BURNET CO ELECTIONS

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MI

Alan

S

NICKNAME

LAST

SUFFIX

Trevino

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

309 First Down Dash

Burnet

TX

78611

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

( 512 )

461-4656

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

Alan

S

NICKNAME

LAST

SUFFIX

Trevino

7 CAMPAIGN TREASURER ADDRESS

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

CITY;

STATE;

ZIP CODE

309 First Down Dash

Burnet

TX

78611

(Residence or Business)

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

( 512 )

461-4656

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign treasurer appointment (Officeholder Only)

July 15

8th day before election

Exceeded Modified Reporting Limit

Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month

Day

Year

1

/

1

/

25

THROUGH

Month

Day

Year

6

/

30

/

25

11 ELECTION

ELECTION DATE

Month

Day

Year

3

/

3

/

26

ELECTION TYPE

Primary

Runoff

Other Description

General

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

County Judge

14 NOTICE FROM POLITICAL COMMITTEE(S)

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

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 2**

<b>15 C/OH NAME</b> Alan S. Trevino		<b>16 Filer ID (Ethics Commission Filers)</b>
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <b>21,335.61</b>
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$ <b>11,418.78</b>
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <b>11,516.22</b>
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <b>10,000.00</b>

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

\_\_\_\_\_  
Signature of Candidate or Officeholder

**Please complete either option below:**

**(1) Affidavit**

NOTARY STAMP / SEAL

Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

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

**OR**

**(2) Unsworn Declaration**

My name is Alan S. Trevino, and my date of birth is December 9, 1964.

My address is 309 First Down Dash, Burnet, TX, 78611, USA.

Executed in Burnet County, State of Texas, on the 14th day of July, 2025.

\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 2**

<b>15 C/OH NAME</b> Alan S. Trevino		<b>16 Filer ID (Ethics Commission Filers)</b>
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <b>21,335.61</b>
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$ <b>11,418.78</b>
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <b>11,516.22</b>
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <b>10,000.00</b>

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

\_\_\_\_\_  
Signature of Candidate or Officeholder

**Please complete either option below:**

**(1) Affidavit**

NOTARY STAMP / SEAL

Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

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

OR

**(2) Unsworn Declaration**

My name is Alan S. Trevino, and my date of birth is December 9, 1964.

My address is 309 First Down Dash, Burnet, TX, 78611, USA.

(street) (city) (state) (zip code) (country)

Executed in Burnet County, State of Texas, on the 14th day of July, 2025.

(month) (year)

\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

<b>19 FILER NAME</b> Alan S. Trevino		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		<b>SUBTOTAL AMOUNT</b>
1. ■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 13,035.00
2. ■ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 8,300.61
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS		\$
5. ■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 11,418.78
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 FUNDS		\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>14</b>
2 FILER NAME <b>Alan S. Trevino</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04/05/2025</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Steve and Elaine Anderson</b> 6 Contributor address; City; State; Zip Code <b>2109 CR 112, Burnet TX 78611</b>	7 Amount of contribution (\$) <b>500.00</b>
8 Principal occupation / Job title (See Instructions) <b>Retired</b>		9 Employer (See Instructions)
Date <b>04/08/2025</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Clair Nybro</b> Contributor address; City; State; Zip Code <b>410 County Rd 100, Burnet TX 78611</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions)
Date <b>05/17/2025</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Matthew Lindemann Campaign</b> Contributor address; City; State; Zip Code <b>PO Box 1213, Georgetown TX 78627</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions) <b>Williamson County Sheriff</b>		Employer (See Instructions) <b>Williamson County</b>
Date <b>05/17/2025</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Mike Runyan</b> Contributor address; City; State; Zip Code <b>1107 CR 109, Burnet TX 78611</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions) <b>Security Officer</b>		Employer (See Instructions) <b>Sun State Security</b>

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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<b>2</b> FILER NAME Alan S. Trevino		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 05/17/2025	<b>5</b> Full name of contributor out-of-state PAC (ID#: _____) Margaret Blend <b>6</b> Contributor address; City; State; Zip Code 509 North Hall St., Burnet TX 78611	<b>7</b> Amount of contribution (\$) <b>100.00</b>
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Salesman		<b>9</b> Employer (See Instructions) E Health Inc.
<b>Date</b> 05/17/2025	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) Janice Estell <b>Contributor address; City; State; Zip Code</b> 128 Preston Trail, Meadowlakes TX 78654	<b>Amount of contribution (\$)</b> <b>100.00</b>
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b>
<b>Date</b> 05/17/2025	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) Robert Kelsey <b>Contributor address; City; State; Zip Code</b> 395 County Rd. 119, Llano TX 78643	<b>Amount of contribution (\$)</b> <b>200.00</b>
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b>
<b>Date</b> 05/17/2025	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) Russell Tutor <b>Contributor address; City; State; Zip Code</b> 2820 CR 202, Burnet TX 78611	<b>Amount of contribution (\$)</b> <b>100.00</b>
<b>Principal occupation / Job title (See Instructions)</b> Electrical Estimator		<b>Employer (See Instructions)</b> Common Ground
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1:
<b>2</b> FILER NAME Alan S. Trevino		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 05/17/2025	<b>5</b> Full name of contributor out-of-state PAC (ID#: _____) Dewayne Goll <b>6</b> Contributor address; City; State; Zip Code 21607 China Green Dr., Cypress TX 77433	<b>7</b> Amount of contribution (\$) <b>500.00</b>
<b>8</b> Principal occupation / Job title (See Instructions) Security Manager		<b>9</b> Employer (See Instructions) SCI
Date 05/17/2025	Full name of contributor out-of-state PAC (ID#: _____) Charlie Parker Contributor address; City; State; Zip Code 600 S. Water St. Burnet TX 78611	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 05/17/2025	Full name of contributor out-of-state PAC (ID#: _____) Tracey Weems Contributor address; City; State; Zip Code 680 Overlook Trl., Burnet TX 78611	Amount of contribution (\$) <b>250.00</b>
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 05/17/2025	Full name of contributor out-of-state PAC (ID#: _____) Paul Kowalik Contributor address; City; State; Zip Code 310 Lakeview, Burnet TX 78611	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See Instructions) Police Officer		Employer (See Instructions) Burnet County Sheriff's Office
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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1 Total pages Schedule A1:

2 FILER NAME

Alan S. Trevino

3 Filer ID (Ethics Commission Filers)

4 Date

05/17/2025

5 Full name of contributor

Vol Montgomery

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

6 Contributor address;

City;

State;

Zip Code

105 CR114, Burnet TX 78611

7 Amount of contribution (\$)

1,000.00

8 Principal occupation / Job title (See Instructions)

RPR / Ranching

9 Employer (See Instructions)

Self

Date

05/17/2025

Full name of contributor

Marie Primm

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

Contributor address;

City;

State;

Zip Code

204 Park Rd. Sunrise Beach, TX 78643

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Atty Gen'l

Date

05/17/2025

Full name of contributor

Allen and Claire Nybro

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

Contributor address;

City;

State;

Zip Code

410 CR100, Burnet TX 78611

Amount of contribution (\$)

200.00

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

05/17/2025

Full name of contributor

Mark Axford

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

Contributor address;

City;

State;

Zip Code

217 Waters Edge, Burnet TX 78611

Amount of contribution (\$)

1,000.00

Principal occupation / Job title (See Instructions)

Energy Consultant

Employer (See Instructions)

Self

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

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1:
<b>2</b> FILER NAME Alan S. Trevino		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 05/17/2025	<b>5</b> Full name of contributor out-of-state PAC (ID#: _____) Kenneth and Beverly Graham <b>6</b> Contributor address; City; State; Zip Code 112 Wallace Riddell Dr., Burnet TX 78611	<b>7</b> Amount of contribution (\$) <b>400.00</b>
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 05/17/2025	Full name of contributor out-of-state PAC (ID#: _____) Glen Labhart Contributor address; City; State; Zip Code 102 Mountain View, Burnet TX 78611	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See Instructions) Sr. Partner		Employer (See Instructions) Lambert Risk Advisory
Date 05/17/2025	Full name of contributor out-of-state PAC (ID#: _____) Douglas Brunson Contributor address; City; State; Zip Code 401 Quail Hill Dr., Burnet TX 78611	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 05/17/2025	Full name of contributor out-of-state PAC (ID#: _____) Jason Davis Contributor address; City; State; Zip Code PO Box 1297, Burnet TX 78611	Amount of contribution (\$) <b>250.00</b>
Principal occupation / Job title (See Instructions) Builder		Employer (See Instructions) Self
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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1 Total pages Schedule A1:

2 FILER NAME

Alan S. Trevino

3 Filer ID (Ethics Commission Filers)

4 Date

05/17/2025

5 Full name of contributor

Robert Borssum

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

6 Contributor address;

City;

State;

Zip Code

911 Eagle St. Burnet TX 78611

7 Amount of contribution (\$)

250.00

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

05/17/2025

Full name of contributor

Alan and Kathy Snider

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

Contributor address;

City;

State;

Zip Code

1851 CR108, Burnet TX 78611

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Real Estate

Employer (See Instructions)

Self

Date

05/17/2025

Full name of contributor

Kara Chasteen

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

Contributor address;

City;

State;

Zip Code

406 CR 2600, Lometa TX 76853

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Homemaker/Rancher

Employer (See Instructions)

Self

Date

05/17/2025

Full name of contributor

Eddie Whitehead

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

Contributor address;

City;

State;

Zip Code

309 Julie St., Burnet TX 78611

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

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

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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1 Total pages Schedule A1:

2 FILER NAME

Alan S. Trevino

3 Filer ID (Ethics Commission Filers)

4 Date

05/17/2025

5 Full name of contributor

Bonnie Fawcett

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

6 Contributor address;

City;

State;

Zip Code

3237 County Road 112, Burnet TX 78611

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

05/18/2025

Full name of contributor

Beth Geiser

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

Contributor address;

City;

State;

Zip Code

104 Mountain View Circle, Burnet TX 78611

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

05/19/2025

Full name of contributor

Brenda Miles

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

Contributor address;

City;

State;

Zip Code

1306 Hillcrest Dr. Granite Shoals TX 78664

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

05/28/2025

Full name of contributor

Charles Parker

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

Contributor address;

City;

State;

Zip Code

600 S. Water St., Burnet TX 78611

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

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

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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1 Total pages Schedule A1:

2 FILER NAME

Alan S. Trevino

3 Filer ID (Ethics Commission Filers)

4 Date

05/28/2025

5 Full name of contributor

Michael Runyan

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

6 Contributor address;

City;

State;

Zip Code

1107 CR109, Burnet TX 78611

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

Security Officer

9 Employer (See Instructions)

Sun State Security

Date

06/06/2025

Full name of contributor

Steve and Elaine Anderson

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

Contributor address;

City;

State;

Zip Code

2109 CR112, Burnet TX 78611

Amount of contribution (\$)

800.00

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

06/19/2025

Full name of contributor

Michelle Brown

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

Contributor address;

City;

State;

Zip Code

167 El Camino River Rd., Bastrop TX 78602

Amount of contribution (\$)

1,000.00

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

06/21/2025

Full name of contributor

Nita Sorenson

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

Contributor address;

City;

State;

Zip Code

357 McReynolds, Burnet TX 78611

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

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

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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<b>2</b> FILER NAME Alan S. Trevino		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 06/21/2025	<b>5</b> Full name of contributor out-of-state PAC (ID#: _____) Andra Ball <b>6</b> Contributor address; City; State; Zip Code PO Box 3011, Marble Falls TX 78654	<b>7</b> Amount of contribution (\$) <b>100.00</b>
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 06/21/2025	Full name of contributor out-of-state PAC (ID#: _____) Patty Cope Contributor address; City; State; Zip Code PO Box 1567 Marble Falls TX 78654	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions) Housewife		Employer (See Instructions)
Date 06/21/2025	Full name of contributor out-of-state PAC (ID#: _____) Liam B. Quinn Contributor address; City; State; Zip Code PO Box 300759 Austin TX 78793	Amount of contribution (\$) <b>50.00</b>
Principal occupation / Job title (See Instructions) Farmer		Employer (See Instructions)
Date 06/21/2025	Full name of contributor out-of-state PAC (ID#: _____) Mike Sorenson Contributor address; City; State; Zip Code 357 McReynolds, Burnet TX 78611	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions) Sheriff's Office		Employer (See Instructions) Burnet County
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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<b>2</b> FILER NAME Alan S. Trevino		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 06/21/2025	<b>5</b> Full name of contributor out-of-state PAC (ID#: _____) Matthew Lindemann <b>6</b> Contributor address; City; State; Zip Code PO Box 1261 Georgetown TX 78627	<b>7</b> Amount of contribution (\$) <b>100.00</b>
<b>8</b> Principal occupation / Job title (See Instructions) Sheriff		<b>9</b> Employer (See Instructions) Williamson County
Date 06/21/2025	Full name of contributor out-of-state PAC (ID#: _____) BF Bridges Contributor address; City; State; Zip Code 13937 Cibola Forest Ln Conroe TX 77384	Amount of contribution (\$) <b>25.00</b>
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 06/21/2025	Full name of contributor out-of-state PAC (ID#: _____) Charles Parker Contributor address; City; State; Zip Code 600 S. Water St. Burnet Tx 78611	Amount of contribution (\$) <b>200.00</b>
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 06/21/2025	Full name of contributor out-of-state PAC (ID#: _____) William Pruitt Contributor address; City; State; Zip Code 301 Oak Forest Dr. Buda TX 78610	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1:
<b>2</b> FILER NAME Alan S. Trevino		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 06/21/2025	<b>5</b> Full name of contributor out-of-state PAC (ID#: _____) Bob Short <b>6</b> Contributor address; City; State; Zip Code PO Box 44 Walburg TX 78673	<b>7</b> Amount of contribution (\$) <b>100.00</b>
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 06/21/2025	Full name of contributor out-of-state PAC (ID#: _____) Ron Potts Contributor address; City; State; Zip Code 6912 Windy Oak, Belton TX 76513	Amount of contribution (\$) <b>50.00</b>
Principal occupation / Job title (See Instructions) Self employed		Employer (See Instructions)
Date 06/21/2025	Full name of contributor out-of-state PAC (ID#: _____) Dewayne Goll Contributor address; City; State; Zip Code 15018 Weldbury Ck. Cypress TX 77433	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions) Investigations		Employer (See Instructions) SCI
Date 06/21/2025	Full name of contributor out-of-state PAC (ID#: _____) Margaret Blend Contributor address; City; State; Zip Code 509 North Hall St. Burnet TX 78611	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions) Insurance Salesman		Employer (See Instructions) E Health Inc.
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1:
<b>2</b> FILER NAME Alan S. Trevino		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 06/21/2025	<b>5</b> Full name of contributor out-of-state PAC (ID#: _____) Chris Brannen <hr/> <b>6</b> Contributor address; City; State; Zip Code 115 Nopal Ln. Buda TX 78610	<b>7</b> Amount of contribution (\$)  <b>100.00</b>
<b>8</b> Principal occupation / Job title (See Instructions) Self Employed		<b>9</b> Employer (See Instructions)
<b>Date</b> 06/21/2025	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) Michael Runyan <hr/> <b>Contributor address;</b> City; State; Zip Code 1107 CR109, Burnet TX 78611	<b>Amount of contribution (\$)</b>  <b>60.00</b>
<b>Principal occupation / Job title (See Instructions)</b> Security Officer		<b>Employer (See Instructions)</b> Sun State Security
<b>Date</b> 06/21/2025	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) Stacy Smith <hr/> <b>Contributor address;</b> City; State; Zip Code 1429 Carson Way Burnet TX 78611	<b>Amount of contribution (\$)</b>  <b>100.00</b>
<b>Principal occupation / Job title (See Instructions)</b> Troclair Office		<b>Employer (See Instructions)</b> State of Texas
<b>Date</b> 06/25/2025	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) Susan Doyal <hr/> <b>Contributor address;</b> City; State; Zip Code 212 Rio Ancho Blvd. Liberty Hill TX 78642	<b>Amount of contribution (\$)</b>  <b>50.00</b>
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1:
<b>2</b> FILER NAME Alan S. Trevino		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 06/29/2025	<b>5</b> Full name of contributor out-of-state PAC (ID#: _____) Jim and Lydia Coffman <b>6</b> Contributor address; City; State; Zip Code 1675 CR100 Burnet TX 78611	<b>7</b> Amount of contribution (\$) <b>1,000.00</b>
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 06/29/2025	Full name of contributor out-of-state PAC (ID#: _____) Mike Cope Contributor address; City; State; Zip Code PO Box 1567 Marble Falls TX 78654	Amount of contribution (\$) <b>250.00</b>
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 06/29/2025	Full name of contributor out-of-state PAC (ID#: _____) Cheryie Palmer Contributor address; City; State; Zip Code 1798 Old Georgetown Rd Gatesville TX 76528	Amount of contribution (\$) <b>25.00</b>
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 06/29/2025	Full name of contributor out-of-state PAC (ID#: _____) Claire Nybro Contributor address; City; State; Zip Code 410 County Rd 100 Burnet TX 78611	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1:
<b>2</b> FILER NAME Alan S. Trevino		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 06/30/2025	<b>5</b> Full name of contributor out-of-state PAC (ID#: _____) Peter Cottini <b>6</b> Contributor address; City; State; Zip Code 216 Cedar Mountain Dr. Marble Falls TX 78654	<b>7</b> Amount of contribution (\$) <b>100.00</b>
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 06/30/2025	Full name of contributor out-of-state PAC (ID#: _____) Frances Meeker Contributor address; City; State; Zip Code 903 N. Rhomberg St. Apt 4, Burnet TX 78611	Amount of contribution (\$) <b>25.00</b>
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Texas Wash House
Date 06/30/2025	Full name of contributor out-of-state PAC (ID#: _____) William Earnest Contributor address; City; State; Zip Code 1117 Majestic Hills Blvd. Spicewood TX 78669	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A2: <b>4</b>	
<b>2</b> FILER NAME <b>Alan S. Trevino</b>		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		<b>\$ 8,300.61</b>	
<b>5</b> Date  05/17/2025	<b>6</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Chris and Janet Parker</b> <hr/> <b>7</b> Contributor address; City; State; Zip Code <b>3251 CR 112 Burnet TX 78611</b>	<b>8</b> Amount of Contribution \$  5,000.00	<b>9</b> In-kind contribution description  Tent, table and chair rental  <small>Check if travel outside of Texas. Complete Schedule T.</small>
<b>10</b> Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <b>Retired</b>		<b>11</b> Employer (FOR NON-JUDICIAL)(See Instructions) <b>Retired</b>	
<b>12</b> Contributor's principal occupation (FOR JUDICIAL)		<b>13</b> Contributor's job title (FOR JUDICIAL)(See Instructions)	
<b>14</b> Contributor's employer/law firm (FOR JUDICIAL)		<b>15</b> Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
<b>16</b> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<b>Date</b>  05/17/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Steve and Elaine Anderson</b> <hr/> <b>Contributor address; City; State; Zip Code</b> <b>2109 CR 112, Burnet TX 78611</b>	<b>Amount of Contribution \$</b>  1,200.00	<b>In-kind contribution description</b>  Food/beverage  <small>Check if travel outside of Texas. Complete Schedule T.</small>
<b>Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)</b> <b>Retired</b>		<b>Employer (FOR NON-JUDICIAL)(See Instructions)</b> <b>Retired</b>	
<b>Contributor's principal occupation (FOR JUDICIAL)</b>		<b>Contributor's job title (FOR JUDICIAL)(See Instructions)</b>	
<b>Contributor's employer/law firm (FOR JUDICIAL)</b>		<b>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</b>	
<b>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</b>			
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <b>4</b>	
2 FILER NAME <b>Alan S. Trevino</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>8,300.61</b>	
5 Date  05/17/2025	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Stacy Smith</b> ..... 7 Contributor address; City; State; Zip Code <b>1429 Carson Way Burnet TX 78611</b>	8 Amount of Contribution \$  500.00	9 In-kind contribution description  Tent, Table and chairs rental  Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <b>Field Representative - Troxclair office</b>		11 Employer (FOR NON-JUDICIAL)(See Instructions) <b>State of Texas</b>	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date  05/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Martelle Luedecke</b> ..... Contributor address; City; State; Zip Code <b>2319 CR114, Burnet TX 78611</b>	Amount of Contribution \$  600.00	In-kind contribution description  Photography  Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <b>Self Employed</b>		Employer (FOR NON-JUDICIAL)(See Instructions) <b>Luedecke Photography</b>	
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)			
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A2: <b>4</b>	
<b>2</b> FILER NAME <b>Alan S. Trevino</b>		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		<b>\$ 8,300.61</b>	
<b>5</b> Date  05/17/2025	<b>6</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Caleb and Sydney Carrasco</b> ..... <b>7</b> Contributor address; City; State; Zip Code <b>1089 CR 334, Burnet TX 78611</b>	<b>8</b> Amount of Contribution \$  150.00	<b>9</b> In-kind contribution description  Beverage Station  <small>Check if travel outside of Texas. Complete Schedule T.</small>
<b>10</b> Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <b>Self Employed</b>		<b>11</b> Employer (FOR NON-JUDICIAL)(See Instructions) <b>Mad Hatters</b>	
<b>12</b> Contributor's principal occupation (FOR JUDICIAL)		<b>13</b> Contributor's job title (FOR JUDICIAL)(See Instructions)	
<b>14</b> Contributor's employer/law firm (FOR JUDICIAL)		<b>15</b> Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
<b>16</b> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<b>Date</b>  06/21/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Caleb and Sydney Carrasco</b> ..... <b>Contributor address; City; State; Zip Code</b> <b>1089 CR 334, Burnet TX 78611</b>	<b>Amount of Contribution \$</b>  150.00	<b>In-kind contribution description</b>  Beverage Station  <small>Check if travel outside of Texas. Complete Schedule T.</small>
<b>Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)</b> <b>Self Employed</b>		<b>Employer (FOR NON-JUDICIAL)(See Instructions)</b> <b>Mad Hatters</b>	
<b>Contributor's principal occupation (FOR JUDICIAL)</b>		<b>Contributor's job title (FOR JUDICIAL)(See Instructions)</b>	
<b>Contributor's employer/law firm (FOR JUDICIAL)</b>		<b>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</b>	
<b>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</b>			
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> <b>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</b>			

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <b>4</b>	
2 FILER NAME <b>Alan S. Trevino</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>8,300.61</b>	
5 Date  06/21/2025	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Sam and Kelly Maxie</b> ..... 7 Contributor address; City; State; Zip Code <b>1433 Hickory Creek Rd. Marble Falls TX 78654</b>	8 Amount of Contribution \$  700.61	9 In-kind contribution description  Food/beverage  <small>Check if travel outside of Texas. Complete Schedule T.</small>
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <b>Retired</b>		11 Employer (FOR NON-JUDICIAL)(See Instructions) <b>Retired</b>	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ..... Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description  <small>Check if travel outside of Texas. Complete Schedule T.</small>
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (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)			
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 5	<b>2</b> FILER NAME Alan S. Trevino	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 01/01/2025	<b>5</b> Payee name Deluxe Business Products	
<b>6</b> Amount (\$) 119.61	<b>7</b> Payee address; City; State; Zip Code PO Box 818094 Cleveland, OH 44181-8094	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Banking	<b>(b)</b> Description Checks/Deposit Slips/Stamp
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right;">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right;">Office held</span>
Date 01/16/2025	Payee name The Sign Shop	
Amount (\$) 173.20	Payee address; City; State; Zip Code 1844 West Highway 29, Burnet TX 78611	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising/Printing	Description Business Cards
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right;">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right;">Office held</span>
Date 01/22/2025	Payee name The Sign Shop	
Amount (\$) 1,093.33	Payee address; City; State; Zip Code 1844 West Highway 29, Burnet TX 78611	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising/Printing	Description Yard Signs, Buttons
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right;">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right;">Office held</span>

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 5	<b>2</b> FILER NAME Alan S. Trevino	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 03/18/2025	<b>5</b> Payee name ABDM Attorneys and Counselors at Law	
<b>6</b> Amount (\$) 850.00	<b>7</b> Payee address; City; State; Zip Code 2301 S. Capital of Texas Highway, Building H Austin TX 78746	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Legal Service	<b>(b)</b> Description Draft Legal Response and review documents
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 04/05/2026	Payee name HEB	
Amount (\$) 177.63	Payee address; City; State; Zip Code 105 S. Boundary St. Burnet TX 78611	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Committee Meeting Lunch
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 04/21/2025	Payee name Office Depot	
Amount (\$) 193.22	Payee address; City; State; Zip Code 1311 Morman Mill Rd. Marble Falls TX 78654	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office Overhead Expense	Description Stamps, Envelopes
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>5</b>	<b>2</b> FILER NAME <b>Alan S. Trevino</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>04/21/2025</b>	<b>5</b> Payee name <b>ABDM Attorneys and Counselors at Law</b>	
<b>6</b> Amount (\$) <b>100.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>2301 S. Capital of Texas Highway, Building H Austin TX 78746</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Legal Service</b>	<b>(b)</b> Description <b>Review draft</b>
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>05/17/2025</b>	Payee name <b>Spicy Loops</b>	
Amount (\$) <b>700.00</b>	Payee address; City; State; Zip Code <b>Austin TX</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Event Expense</b>	Description <b>Solo Guitar Performer</b>
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>05/21/2025</b>	Payee name <b>S&amp;J Productions</b>	
Amount (\$) <b>850.00</b>	Payee address; City; State; Zip Code <b>3608 CR330, Burnet TX 78611</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Campaign Dinner Filming</b>
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 5	<b>2</b> FILER NAME Alan S. Trevino	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 05/22/2025	<b>5</b> Payee name Steve Anderson	
<b>6</b> Amount (\$) 800.00	<b>7</b> Payee address; City; State; Zip Code 2109 CR112, Burnet TX 78611	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Reimbursement	<b>(b)</b> Description Returned Cash donation
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date 05/22/2025	Payee name The Sign Shop	
Amount (\$) 500.93	Payee address; City; State; Zip Code 1844 West Highway 29, Burnet TX 78611	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising/Printing	Description Labels/Banner/Yard Sign
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date 06/04/2025	Payee name Janet Parker	
Amount (\$) 4,019.83	Payee address; City; State; Zip Code 3251 CR112, Burnet TX 78611	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Reimbursement	Description Personal Expense for Campaign Kickoff
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 5	<b>2</b> FILER NAME Alan S. Trevino	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 06/16/2025	<b>5</b> Payee name S&J Productions LLC	
<b>6</b> Amount (\$) 1,593.75	<b>7</b> Payee address; City; State; Zip Code 3608 CR330, Burnet TX 78611	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description 10 Reels
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>
Date 06/20/2025	Payee name HEB	
Amount (\$) 42.85	Payee address; City; State; Zip Code 105 S. Boundry St. Burnet TX 78611	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Plates/Utensils/water
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>
Date 05/20/2025 <sup>to</sup> 06/25/2025	Payee name Raise The Money	
Amount (\$) 204.43	Payee address; City; State; Zip Code PO Box 26466, Little Rock AR 72221	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	Description Transfer Fees
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>

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