

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: **17**

OFFICE USE ONLY

Date Received
**HAND DELIVERED
FEB 23 '26 PM3:26**

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 Month Day Year
1 / 23 / 26 THROUGH 2 / 21 / 26

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff Other Description
3 / 3 / 26 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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC | COMMITTEE NAME |
| | COMMITTEE ADDRESS |
| | 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**

| | | |
|---------------------------------------|---|---|
| 15 C/OH NAME Alan S Trevino | | 16 Filer ID (Ethics Commission Filers) |
| 17 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 17,465.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 12,926.19 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 12,359.85 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 10,000.00 |

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

Signature of Candidate 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 22 day of February, 2026.

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Alan S Trevino

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

| | |
|--|--------------|
| 1. ■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 17,465.00 |
| 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. SCHEDULE E: LOANS | \$ |
| 5. ■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 12,926.19 |
| 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: 9 |
| 2 FILER NAME Alan S Trevino | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 01/25/2026 | 5 Full name of contributor out-of-state PAC (ID#: _____) Allan Hancock 6 Contributor address; City; State; Zip Code 410 County Road 100, Burnet TX 78611 | 7 Amount of contribution (\$) 250.00 |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) |
| Date 01/27/2026 | Full name of contributor out-of-state PAC (ID#: _____) Dana Martin Contributor address; City; State; Zip Code 205 Coventry Rd. Spicewood TX 78669 | Amount of contribution (\$) 100.00 |
| Principal occupation / Job title (See Instructions) Self | | Employer (See Instructions) Friendship Homes and Hangers LCC |
| Date 01/29/2026 | Full name of contributor out-of-state PAC (ID#: _____) Scott Johnson Contributor address; City; State; Zip Code 3240 County Road 200, Burnet TX 78611 | Amount of contribution (\$) 100.00 |
| Principal occupation / Job title (See Instructions) VP Information Tech. | | Employer (See Instructions) Uplift Desk |
| Date 02/01/2026 | Full name of contributor out-of-state PAC (ID#: _____) Carlos Zaffirini Contributor address; City; State; Zip Code 4516 Seton Pkwy, Ste 145, Austin TX 78759 | Amount of contribution (\$) 5,000.00 |
| Principal occupation / Job title (See Instructions) CEO | | Employer (See Instructions) Adelanto Healthcare Venutres, LLC |
| 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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| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 9 |
| 2 FILER NAME Alan S Trevino | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 02/02/2026 | 5 Full name of contributor out-of-state PAC (ID#: _____) Kenneth and Beverly Graham | 7 Amount of contribution (\$) 240.00 |
| 6 Contributor address; City; State; Zip Code 112 Wallace Riddell Dr. Burnet TX 78611 | | |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) |
| Date 02/02/2026 | Full name of contributor out-of-state PAC (ID#: _____) Vol Montgomery | Amount of contribution (\$) 500.00 |
| Contributor address; City; State; Zip Code 105 CR 114, Burnet TX 78611 | | |
| Principal occupation / Job title (See Instructions) Ranching | | Employer (See Instructions) RPR |
| Date 02/03/2026 | Full name of contributor out-of-state PAC (ID#: _____) Ross Behrens | Amount of contribution (\$) 150.00 |
| Contributor address; City; State; Zip Code PO Box 372, Burnet TX 78611 | | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 02/04/2026 | Full name of contributor out-of-state PAC (ID#: _____) Aaron Helton | Amount of contribution (\$) 100.00 |
| Contributor address; City; State; Zip Code 120 Spring Bluff Lane, Georgetown TX 78628 | | |
| Principal occupation / Job title (See Instructions) Associate Director | | Employer (See Instructions) Cypress Creek Renewables |
| <p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p> | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 9 |
| 2 FILER NAME Alan S Trevino | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 02/10/2026 | 5 Full name of contributor out-of-state PAC (ID#: _____) Sonny and Jill McAfee | 7 Amount of contribution (\$) 250.00 |
| 6 Contributor address; City; State; Zip Code 109 Big Sky Burnet TX 78611 | | |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) |
| Date 02/11/2026 | Full name of contributor out-of-state PAC (ID#: _____) Paul and Monica Farmer | Amount of contribution (\$) 500.00 |
| Contributor address; City; State; Zip Code 113 Travis Trail Burnet TX 78611 | | |
| Principal occupation / Job title (See Instructions) Assistant VP | | Employer (See Instructions) Hamilton Valley Management Inc. |
| Date 02/10/2026 | Full name of contributor out-of-state PAC (ID#: _____) Debbie Weems | Amount of contribution (\$) 50.00 |
| Contributor address; City; State; Zip Code 580 Overlook Trail Burnet TX 78611 | | |
| Principal occupation / Job title (See Instructions) Deputy Chief Information Officer | | Employer (See Instructions) Texas Health and Human Services |
| Date 02/12/2026 | Full name of contributor out-of-state PAC (ID#: _____) Clint Tomlinson | Amount of contribution (\$) 500.00 |
| Contributor address; City; State; Zip Code 112 Sierra Mosca Trl, Liberty Hill TX 78642 | | |
| Principal occupation / Job title (See Instructions) CEO | | Employer (See Instructions) Canyon Creek Design Build |
| <p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p> | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| 2 FILER NAME Alan S Trevino | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 02/13/2026 | 5 Full name of contributor out-of-state PAC (ID#: _____) Leslyn M Wallace 6 Contributor address; City; State; Zip Code 415 Matern Ct, Horseshoe Bay TX 78657 | 7 Amount of contribution (\$) 2,500.00 |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) |
| Date 02/13/2026 | Full name of contributor out-of-state PAC (ID#: _____) Leslyn M. Wallace Contributor address; City; State; Zip Code 415 Matern Ct, Horseshoe Bay TX 78657 | Amount of contribution (\$) 100.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 02/13/2026 | Full name of contributor out-of-state PAC (ID#: _____) Ken and Beverly Graham Contributor address; City; State; Zip Code 112 Wallace Riddell Dr. Burnet TX 78611 | Amount of contribution (\$) 100.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 02/13/2026 | Full name of contributor out-of-state PAC (ID#: _____) Manual Trinidad Contributor address; City; State; Zip Code 510 Knights Row, Horseshoe Bay TX 78657 | Amount of contribution (\$) 150.00 |
| Principal occupation / Job title (See Instructions) Construction Manager | | Employer (See Instructions) Alpha Paving Indust. |
| 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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| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 9 |
| 2 FILER NAME Alan S. Trevino | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 02/13/2026 | 5 Full name of contributor out-of-state PAC (ID#: _____) Claire Nybro 6 Contributor address; City; State; Zip Code 410 Co Rd 100, Burnet TX 78611 | 7 Amount of contribution (\$) 50.00 |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) |
| Date 02/13/2026 | Full name of contributor out-of-state PAC (ID#: _____) Peter Cottini Contributor address; City; State; Zip Code 216 Cedar Mountains Dr. Marble Falls TX 78654 | Amount of contribution (\$) 100.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 02/13/2026 | Full name of contributor out-of-state PAC (ID#: _____) Stacey Smith Contributor address; City; State; Zip Code 1429 Carson Way, Burnet TX 78611 | Amount of contribution (\$) 200.00 |
| Principal occupation / Job title (See Instructions) State of Texas District 19 Liaison | | Employer (See Instructions) State of Texas |
| Date 02/13/2026 | Full name of contributor out-of-state PAC (ID#: _____) Caroline Alexander Contributor address; City; State; Zip Code 1101 6th St. Marble Falls TX 78654 | Amount of contribution (\$) 50.00 |
| Principal occupation / Job title (See Instructions) Self Employed | | 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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| 2 FILER NAME Alan S Trevino | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 02/13/2026 | 5 Full name of contributor out-of-state PAC (ID#: _____) Brenda Miles 6 Contributor address; City; State; Zip Code 1306 Hillcrest Dr. Granite Shoals TX 78654 | 7 Amount of contribution (\$) 100.00 |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) |
| Date 02/13/2026 | Full name of contributor out-of-state PAC (ID#: _____) Thomas J Loftis Contributor address; City; State; Zip Code 2116 CR 304 Bertram TX 78605 | Amount of contribution (\$) 100.00 |
| Principal occupation / Job title (See Instructions) Project Manager | | Employer (See Instructions) Texas Military Dept. |
| Date 02/13/2026 | Full name of contributor out-of-state PAC (ID#: _____) Beth Geiser Contributor address; City; State; Zip Code 104 Mountain View Cir. Burnet TX 78611 | Amount of contribution (\$) 50.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 02/13/2026 | 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 (\$) 2,000.00 |
| Principal occupation / Job title (See Instructions) Retired | | 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. | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| 2 FILER NAME Alan S Trevino | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 02/13/2026 | 5 Full name of contributor out-of-state PAC (ID#: _____) Tres Clinton 6 Contributor address; City; State; Zip Code 136 Travis Trl. Burnet TX 78611 | 7 Amount of contribution (\$) 500.00 |
| 8 Principal occupation / Job title (See Instructions) Pilot | | 9 Employer (See Instructions) Self |
| Date 02/13/2026 | Full name of contributor out-of-state PAC (ID#: _____) Lionel and Sandra Aguirre Contributor address; City; State; Zip Code 824 Ranches Club Dr. Driftwood TX 78619 | Amount of contribution (\$) 200.00 |
| Principal occupation / Job title (See Instructions) Consultant | | Employer (See Instructions) Self |
| Date 02/13/2026 | Full name of contributor out-of-state PAC (ID#: _____) Deidra Robertson Contributor address; City; State; Zip Code 1 Camp Longhorn Rd. Burnet TX 78611 | Amount of contribution (\$) 250.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 02/13/2026 | Full name of contributor out-of-state PAC (ID#: _____) Kathryn Martin Contributor address; City; State; Zip Code 1506 E Johnson St. Burnet TX 78611 | Amount of contribution (\$) 100.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
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SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 9 |
| 2 FILER NAME Alan S Trevino | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 02/13/2026 | 5 Full name of contributor out-of-state PAC (ID#: _____) Lindsey Wilkins 6 Contributor address; City; State; Zip Code 1620 Alamo Beach Rd. Pipe Creek TX 78063 | 7 Amount of contribution (\$) 1,000.00 |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) |
| Date 02/13/2026 | Full name of contributor out-of-state PAC (ID#: _____) David Weeks Contributor address; City; State; Zip Code 632 S. Chaparral, Burnet TX 78611 | Amount of contribution (\$) 1,500.00 |
| Principal occupation / Job title (See Instructions) Public Affairs Consultant | | Employer (See Instructions) Week&Co |
| Date 02/14/2026 | Full name of contributor out-of-state PAC (ID#: _____) Cheryie Palmer Contributor address; City; State; Zip Code 1798 Old Georgetown R. Gatesville | Amount of contribution (\$) 300.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 02/16/2026 | Full name of contributor out-of-state PAC (ID#: _____) Debbie Gossett Contributor address; City; State; Zip Code 104 Penguin St. Highland Haven TX 78654 | Amount of contribution (\$) 25.00 |
| Principal occupation / Job title (See Instructions) Retired | | 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. | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 9 |
| 2 FILER NAME Alan S Trevino | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 02/17/2026 | 5 Full name of contributor out-of-state PAC (ID#: _____) Lance Gunn | 7 Amount of contribution (\$) 250.00 |
| | 6 Contributor address; City; State; Zip Code 718 Oak Vista Dr. Burnet TX 78611 | |
| 8 Principal occupation / Job title (See Instructions) Sales Director | | 9 Employer (See Instructions) PepsiCo |
| Date 02/20/2026 | Full name of contributor out-of-state PAC (ID#: _____) Dennis Hoover | Amount of contribution (\$) 100.00 |
| | Contributor address; City; State; Zip Code 508 E Jackson #190, Burnet TX 78611 | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date | Full name of contributor out-of-state PAC (ID#: _____) | Amount of contribution (\$) |
| | Contributor address; City; State; Zip Code | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date | Full name of contributor out-of-state PAC (ID#: _____) | Amount of contribution (\$) |
| | Contributor address; City; State; Zip Code | |
| 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 MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: 5 | 2 FILER NAME Alan Trevino | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 01/27/2026 | 5 Payee name City of Marble Falls | |
| 6 Amount (\$) 2,525.00 | 7 Payee address; City; State; Zip Code 1808 2nd Street, Marble Falls TX 78654 <small>Check if individual's residence address.</small> | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description Facility Rental |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 01/27/2026 | Payee name Burnet County Republican Party | |
| Amount (\$) 1,000.00 | Payee address; City; State; Zip Code PO Box 792, Marble Falls TX 78654 <small>Check if individual's residence address.</small> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Donation | Description Silver Table Sponsor |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 01/27/2026 | Payee name Danielle Chrisman | |
| Amount (\$) 500.00 | Payee address; City; State; Zip Code 140 Greystone Ct. Marble Falls TX 78654 <small>Check if individual's residence address.</small> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description Freshies |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: 5 | 2 FILER NAME Alan S Trevino | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 01/25/2026 | 5 Payee name Raise the Money | |
| 6 Amount (\$) 624.01 | 7 Payee address; City; State; Zip Code PO Box 26466, Little Rock AR 72221 <small>Check if individual's residence address.</small> | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description Transfer Fees |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 02/02/2026 | Payee name The Sign Shop | |
| Amount (\$) 520.90 | Payee address; City; State; Zip Code 1844 West Highway 29, Burnet TX 78611 <small>Check if individual's residence address.</small> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description Campaign Signs |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 02/05/2026 | Payee name The Sign Shop | |
| Amount (\$) 431.80 | Payee address; City; State; Zip Code 1844 West Highway 29, Burnet TX 78611 <small>Check if individual's residence address.</small> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Printing Expense | Description Repeat Bannor |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: 5 | 2 FILER NAME Alan S Trevino | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 02/07/2026 | 5 Payee name HEB | |
| 6 Amount (\$) 68.84 | 7 Payee address; City; State; Zip Code 105 S. Boundry, Burnet TX 78611 <small>Check if individual's residence address.</small> | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description Fruit, Vegitable and sandwich tray |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 02/09/2026 | Payee name United States Postal Service | |
| Amount (\$) 2,792.18 | Payee address; City; State; Zip Code 2404 W. Wallace St. San Saba TX 78677 <small>Check if individual's residence address.</small> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Other | Description Postage |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 02/09/2026 | Payee name Out Back Party Rentals | |
| Amount (\$) 398.10 | Payee address; City; State; Zip Code 2000 S. Hwy. 281, Marble Falls TX 78654 <small>Check if individual's residence address.</small> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Event Expense | Description Table Linens |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | 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.

| | | |
|--|---------------------------------------|--|
| 1 Total pages Schedule F1: 5 | 2 FILER NAME Alan S Trevino | 3 Filer ID (Ethics Commission Filers) |
|--|---------------------------------------|--|

| | |
|-----------------------------|---|
| 4 Date 02/13/2026 | 5 Payee name Landolt BBQ and Catering |
|-----------------------------|---|

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|----------------------------------|---|
| 6 Amount (\$) 2,250.00 | 7 Payee address; City; State; Zip Code PO Box 2811, Fredericksburg, TX 78624 <small>Check if individual's residence address.</small> |
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| | | |
|-------------------------------|--|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food and Beverage | (b) Description Food and beverage for Meet and Greet |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

| | | | |
|---|-------------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

| | |
|--------------------|----------------------------|
| Date 02/13/2026 | Payee name Office Depot |
|--------------------|----------------------------|

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|----------------------|---|
| Amount (\$) 65.36 | Payee address; City; State; Zip Code 1311 Mormon Mill Rd. Marble Falls TX 78654 <small>Check if individual's residence address.</small> |
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|-------------------------------|---|---------------------------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Printing Expense | Description Meet and Greet Posters |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|--------------------|-------------------------------------|
| Date 02/17/2026 | Payee name STAR Republican Women |
|--------------------|-------------------------------------|

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|-----------------------|--|
| Amount (\$) 300.00 | Payee address; City; State; Zip Code PO Box 8675, Horseshoe Bay TX 78657 <small>Check if individual's residence address.</small> |
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|-------------------------------|---|--------------------------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Sponsorship | Description Luncheon Gold Sponser |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | 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.

| | | |
|---|--|---|
| 1 Total pages Schedule F1: 5 | 2 FILER NAME Alan S Trevino | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 02/18/2026 | 5 Payee name Helen Clary | |
| 6 Amount (\$) 350.00 | 7 Payee address; City; State; Zip Code PO Box 366, Kingsland TX,78639 <small>Check if individual's residence address.</small> | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising | (b) Description Facebook Advertisement |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 02/18/2026 | Payee name S&J Productions LLC | |
| Amount (\$) 850.00 | Payee address; City; State; Zip Code 3608 CR 330, Burnet TX 78611 <small>Check if individual's residence address.</small> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description Half Day Filming |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 02/20/2026 | Payee name Mad Hatters | |
| Amount (\$) 250.00 | Payee address; City; State; Zip Code 113 E Jackson St. Burnet TX 79611 <small>Check if individual's residence address.</small> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Food/Beverage | Description Beer and Wine |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

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