

RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK

# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

15 JUL 22 PM 3:01 FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed:		OFFICE USE ONLY					
3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR	FIRST			MI	Date Received		
			ROBERTO						
		NICKNAME	LAST	SUFFIX					
			TREVINO						
4 ORIGINAL REPORT TYPE		<input type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Other (specify) _____ <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> Exceeded \$500 limit _____ <input type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input type="checkbox"/> 8th day before election <input type="checkbox"/> Final report		Date Hand-delivered or Date Postmarked					
5 ORIGINAL PERIOD COVERED		Month	Day	Year	Month	Day	Year	Receipt #	Amount \$
		4	20	15	THROUGH	6	20	15	
6 EXPLANATION OF CORRECTION		ACCIDENTALLY OMITTED INFORMATION							

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

**Semiannual reports:** I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

**Other reports:** I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

*[Signature]*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Roberto Trevino, this the 22 day of July, 2015, to certify which, witness my hand and seal of office.

*[Signature]*  
Signature of officer administering oath

Christopher Callanen  
Printed name of officer administering oath

Notary  
Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections**

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**FORM C/OH**

**COVER SHEET PG 1**

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The C/OH Instruction Guide explains how to complete this form.		1 Filer ID	Total pages filed: 13	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	<b>OFFICE USE ONLY</b>	
	NICKNAME	LAST		
			Date Received	
		SUFFIX	Date Hand-delivered or Date Postmarked	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY;		ZIP CODE	Receipt #
	PO Box 15975			Amount
	San Antonio, TX 78212			Date Processed
				Date Imaged
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	
	NICKNAME	LAST	SUFFIX	
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE			
	14107 BLUFF PARK DR SAN ANTONIO TX 78216			
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
	210	865-3472		
8 REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)
	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH-FR)
9 PERIOD COVERED	Month	Day	Year	Month
10 ELECTION	ELECTION DATE		ELECTION TYPE	
	Month	Day	Year	
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known)	
	City Council Place San Antonio District 1		City Council Place San Antonio District 1	

**GO TO PAGE 2**

**CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS**

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13 C / OH NAME

ROBERTO TREVIÑO

14 Filer ID

15 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.

Additional Pages

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 4,250.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 0.00

4. TOTAL POLITICAL EXPENDITURES \$ 10,886.75

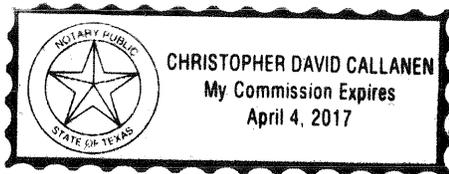
CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00

17 AFFADAVIT



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 Roberto trevino, this the 22nd day of July, 20 15, to certify which, witness my hand and seal of office.

*[Handwritten Signature]*  
\_\_\_\_\_  
Signature of officer administering

Christopher Callanen  
\_\_\_\_\_  
Printed name of officer administering

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

**SUBTOTALS - C/OH**

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18 FILER NAME

ROBERTO TREVIÑO

19 Filer ID

20 SCHEDULE SUBTOTALS

SUBTOTAL AMOUNT

NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,250.00
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 10,886.75
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
9. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
10. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
11. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

RECEIVED  
CITY OF SAN ANTONIO  
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SCHEDULE A1

15 JUL 22 PM 3:01

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

1/3 Rpt: 4/13

2 FILER NAME

F ROBERTO TREVIÑO

3 Filer ID

4 Date

05/05/2015

5 Full name of contributor

Agather, Ruth

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

7 Amount of Contribution (\$)

\$500.00

6 Contributor address; City; State; Zip Code

300 W French Place

San Antonio, TX 78212

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

05/05/2015

Full name of contributor

De La Fuente, Alfredo

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

Amount of Contribution (\$)

\$500.00

Contributor address; City; State; Zip Code

6202 Cherrywest Cir

San Antonio, TX 78240

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

05/01/2015

Full name of contributor

Harrison Souter, Jill

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

Amount of Contribution (\$)

\$100.00

Contributor address; City; State; Zip Code

350 Wildrose Ave

San Antonio, TX 78212

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

05/02/2015

Full name of contributor

Hill, Christopher

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

Amount of Contribution (\$)

\$500.00

Contributor address; City; State; Zip Code

231 Washington

San Antonio, TX 78209

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

05/05/2015

Full name of contributor

Martinez, Walter

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

Amount of Contribution (\$)

\$100.00

Contributor address; City; State; Zip Code

3014 Whisper Fern

San Antonio, TX 78230

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

RECEIVED  
CITY OF SAN ANTONIO  
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15 JUL 22 PM 3:01

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
Sch: 2/3 Rpt: 5/13

2 FILER NAME

ROBERTO TREVIÑO

3 Filer ID

4 Date  
05/05/2015

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

McMurry, Doug

7 Amount of Contribution (\$)

\$50.00

6 Contributor address; City; State; Zip Code

210 Grove Pl

San Antonio, TX 78209

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
05/05/2015

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

Munoz, Adriana

Amount of Contribution (\$)

\$500.00

Contributor address; City; State; Zip Code

7141 Cerro Negro Dr

El Paso, TX 79912

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
05/05/2015

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

SA Apartment Association

Amount of Contribution (\$)

\$500.00

Contributor address; City; State; Zip Code

7525 Babcock Rd

San Antonio, TX 78249

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
05/05/2015

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

Sosa, Katherine

Amount of Contribution (\$)

\$500.00

Contributor address; City; State; Zip Code

PO Box 830106

San Antonio, TX 78283

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
05/05/2015

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

Vale, Alberto

Amount of Contribution (\$)

\$250.00

Contributor address; City; State; Zip Code

102 E Hollywood

San Antonio, TX 78212

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

RECEIVED  
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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
Sch: 3/3 Rpt: 6/13

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2 FILER NAME

1 ROBERTO TREVIÑO

3 Filer ID

4 Date  
05/05/2015

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

Weir Vale, Kathleen

6 Contributor address; City; State; Zip Code

102 E Hollywood

San Antonio, TX 78212

7 Amount of Contribution (\$) \$250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
05/05/2015

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

Ziga Jr, Felix

Contributor address; City; State; Zip Code

2914 Olmos Creek Dr

San Antonio, TX 78230

Amount of Contribution (\$) \$500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK  
15 JUL 22 PM 3:01

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Expense/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/7 Rpt: 7/13		<b>2</b> FILER NAME F ROBERTO TREVINO		<b>3</b> Filer ID
<b>4</b> Date 05/05/2015		<b>5</b> Payee name Allied Advertising		
<b>6</b> Amount (\$) \$1,418.89		<b>7</b> Payee address; City; State; Zip Code 3700 Blanco Rd  San Antonio, TX 78212		
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printed material	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held
Date 05/05/2015		Payee name Boys & Girls Club of San Antonio		
Amount (\$) \$50.00		Payee address; City; State; Zip Code 600 SW 19th St  San Antonio, TX 78207		
PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contributions/Donations	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held
Date 05/05/2015		Payee name Candlelight Coffee		
Amount (\$) \$24.00		Payee address; City; State; Zip Code 3011 N St Mary's  San Antonio, TX 78212		
PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contributions/Donations	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK  
15 JUL 22 PM 3:01

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 2/7 Rpt: 8/13	<b>2</b> FILER NAME  ROBERTO TRIVIÑO	<b>3</b> Filer ID
<b>4</b> Date 05/05/2015	<b>5</b> Payee name Centro Cultural Aztlan	
<b>6</b> Amount (\$)  \$50.00	<b>7</b> Payee address; City; State; Zip Code 1800 Fredericksburg Road  San Antonio, TX 78201	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contributions/Donations
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/05/2015	Payee name Esperanza Peace & Justice Center	
Amount (\$)  \$50.00	Payee address; City; State; Zip Code 922 San Pedro Ave  San Antonio, TX 78212	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contributions/Donations
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/05/2015	Payee name Google	
Amount (\$)  \$16.66	Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy  Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email Services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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19 JUL 22 PM 3:01

## 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 - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 3/7 Rpt: 9/13	<b>2</b> FILER NAME <i>ROBERTO TREVIÑO</i>	<b>3</b> Filer ID
<b>4</b> Date 05/05/2015	<b>5</b> Payee name Haven For Hope	
<b>6</b> Amount (\$) \$50.00	<b>7</b> Payee address; City; State; Zip Code 1 Haven for Hope Way  San Antonio, TX 78207	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contributions/Donations
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/05/2015	Payee name Home Depot	
Amount (\$) \$48.45	Payee address; City; State; Zip Code 1066 Central Pkwy  San Antonio, TX 78232	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office supplies
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/05/2015	Payee name Monarch Trophy	
Amount (\$) \$4,091.85	Payee address; City; State; Zip Code 16227 San Pedro Ave  San Antonio, TX 78232	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising Expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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CITY CLERK

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

15 JUL 22 PM 3:01

<b>1</b> Total pages Schedule F1: Sch: 4/7 Rpt: 10/13	<b>2</b> FILER NAME  ROBERTO TREVIÑO	<b>3</b> Filer ID
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<b>4</b> Date 05/05/2015	<b>5</b> Payee name Monarch Trophy
-----------------------------	---------------------------------------

<b>6</b> Amount (\$) \$4,091.85	<b>7</b> Payee address; City; State; Zip Code 16227 San Pedro Ave  San Antonio, TX 78232
------------------------------------	---

<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising Expense

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

Date 05/05/2015	Payee name Office Max
--------------------	--------------------------

Amount (\$) \$41.76	Payee address; City; State; Zip Code 8266 Agora Pkwy  Selma, TX 78154
------------------------	--

<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office supplies

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

Date 05/01/2015	Payee name Piryx
--------------------	---------------------

Amount (\$) \$8.20	Payee address; City; State; Zip Code 144 2nd St  San Francisco, CA 94105
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CC processing fees

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK  
15 JUL 22 PM 3:01

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 5/7 Rpt: 11/13		<b>2</b> FILER NAME  ROBERTO TREVIÑO		<b>3</b> Filer ID	
<b>4</b> Date 05/02/2015		<b>5</b> Payee name Piryx			
<b>6</b> Amount (\$)  \$39.80		<b>7</b> Payee address; City; State; Zip Code 144 2nd St  San Francisco, CA 94105			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees		<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CC processing fees	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 05/05/2015		Payee name Piryx			
Amount (\$)  \$4.25		Payee address; City; State; Zip Code 144 2nd St  San Francisco, CA 94105			
PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees		<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CC processing fees	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 05/05/2015		Payee name Piryx			
Amount (\$)  \$20.05		Payee address; City; State; Zip Code 144 2nd St  San Francisco, CA 94105			
PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees		<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CC processing fees	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	

**POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK

15 JUL 22 PM 3:01

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

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 6/7 Rpt: 12/13		<b>2</b> FILER NAME  ROBERTO TREVIÑO		<b>3</b> Filer ID	
<b>4</b> Date 05/05/2015		<b>5</b> Payee name Piryx			
<b>6</b> Amount (\$)  \$20.05		<b>7</b> Payee address; City; State; Zip Code 144 2nd St  San Francisco, CA 94105			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees		<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CC processing fees	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 05/05/2015		Payee name Piryx			
Amount (\$)  \$39.80		Payee address; City; State; Zip Code 144 2nd St  San Francisco, CA 94105			
<b>PURPOSE OF EXPENDITURE</b>		<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees		<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CC processing fees	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 05/05/2015		Payee name Prestige Printing			
Amount (\$)  \$671.14		Payee address; City; State; Zip Code 8 Burwood Ln  San Antonio, TX 78216			
<b>PURPOSE OF EXPENDITURE</b>		<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense		<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printed material	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK  
15 APR 22 PM 3:07

### 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 -<br>Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out of District                     |
|  | Legal Services                | Salaries/Wages/Contract Labor  | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 7/7 Rpt: 13/13	<b>2</b> FILER NAME  ROBERTO TREVIÑO	<b>3</b> Filer ID
<b>4</b> Date 05/05/2015	<b>5</b> Payee name Respice Care	
<b>6</b> Amount (\$)  \$50.00	<b>7</b> Payee address; City; State; Zip Code 605 Belknap Place  San Antonio, TX 78212	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contributions/Donations
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/05/2015	Payee name Say Si	
Amount (\$)  \$50.00	Payee address; City; State; Zip Code 1518 South Alamo  San Antonio, TX 78204	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contributions/Donations
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/05/2015	Payee name The Playhouse San Antonio	
Amount (\$)  \$50.00	Payee address; City; State; Zip Code 800 W Ashby Pl  San Antonio, TX 78212	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contributions/Donations
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held