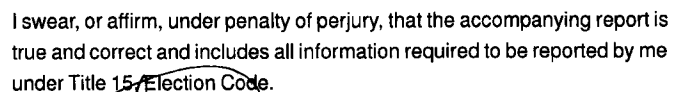


# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<p>The C/OH Instruction Guide explains how to complete this form.</p>		<p><b>1</b> Filer ID (Ethics Commission Filers)</p> <p><b>2</b> Total pages filed:</p>	
<p><b>3</b> CANDIDATE / OFFICEHOLDER NAME</p>	<p>MS / MRS / <u>MR</u> FIRST MI  <u>Joseph</u> <u>J</u>          NICKNAME LAST SUFFIX  <u>Trevino</u></p>		<p><b>OFFICE USE ONLY</b></p> <p>Date Received</p> <p><b>RECEIVED</b></p> <p><b>JUL 16 2018</b></p> <p><b>SUPERINTENDENT'S OFFICE</b></p> <p><b>NORTH EAST ISD</b></p> <p>Date Hand-delivered or Date Postmarked</p> <p>Receipt # Amount \$</p> <p>Date Processed</p> <p>Date Imaged</p>
	<p><b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS</p> <p><input type="checkbox"/> Change of Address</p> <p>ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  <u>3219 Shady Springs Dr.</u>  <u>San Antonio, Texas</u> <u>78230</u></p>		
<p><b>5</b> CANDIDATE / OFFICEHOLDER PHONE</p>	<p>AREA CODE PHONE NUMBER EXTENSION  <u>(210)</u> <u>410 0713</u></p>		
<p><b>6</b> CAMPAIGN TREASURER NAME</p>	<p>MS / MRS / MR FIRST MI          NICKNAME LAST SUFFIX</p>		
<p><b>7</b> CAMPAIGN TREASURER ADDRESS (Residence or Business)</p>	<p>STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE</p>		
<p><b>8</b> CAMPAIGN TREASURER PHONE</p>	<p>AREA CODE PHONE NUMBER EXTENSION  <u>( )</u></p>		
<p><b>9</b> REPORT TYPE</p>	<p> <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 type="checkbox"/> July 15    <input type="checkbox"/> 8th day before election    <input type="checkbox"/> Exceeded \$500 limit    <input checked="" type="checkbox"/> Final Report (Attach C/OH - FR)         </p>		
<p><b>10</b> PERIOD COVERED</p>	<p>Month Day Year    Month Day Year  <u>Jan / 1 / 2018</u> THROUGH <u>June / 30 / 2018</u> </p>		
<p><b>11</b> ELECTION</p>	<p>             ELECTION DATE    ELECTION TYPE              Month Day Year    <input type="checkbox"/> Primary    <input type="checkbox"/> Runoff    <input type="checkbox"/> Other Description  <u>May / 5 / 2018</u>    <input checked="" type="checkbox"/> General    <input type="checkbox"/> Special         </p>		
<p><b>12</b> OFFICE</p>	<p>OFFICE HELD (if any)    <b>13</b> OFFICE SOUGHT (if known)</p> <p><u>Trustee single member District</u>    <u>Place 3</u></p>		
<p><b>GO TO PAGE 2</b></p>			

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

18 AFFIDAVIT

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Joseph Trevino, this the 16  
day of July, 2018, to certify which, witness my hand and seal of office.

Signature of officer administering oath: Rebecca M. King Printed name of officer administering oath: Rebecca M. King Title of officer administering oath: Notary

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.  
.. Complete only if "Report Type" on page 1 is marked "Final Report" ..

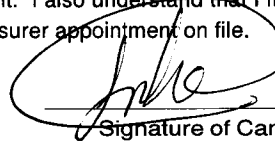
1 C/OH NAME

Joseph A. Trevino

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

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



Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

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

## A. CAMPAIGN FUNDS

Check only one:

☐

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

☐

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

## B. ASSETS

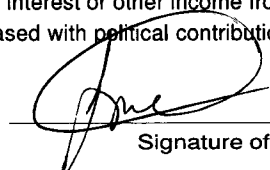
Check only one:

☒

I do not retain assets purchased with political contributions or interest or other income from political contributions.

☐

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



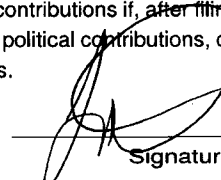
Signature of Candidate

5 OFFICEHOLDER

.. Complete this section only if you are an officeholder ..

☐

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



Signature of Officeholder