# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

The C/OH Instruction C	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST HUMBERTO	МІ	OFFICE USE ONLY			
TVAWIE	NICKNAME LAST TORRES TRE	Date Received  PECEIVE				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CO	JUL 25 2024				
Change of Address		EVERNOUN				
5 CANDIDATE/ OFFICEHOLDER PHONE	( 956 ) 592-0994	EXTENSION	Date Hand-delivered or Date Postmarked  7/35/34 11:33 A			
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST	MI	Autocopt ii Autocopt			
NAME	MR NICOLAS		Date Processed			
	RODRIGUEZ	SUFFIX	Date Imaged			
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SU	UITE #; CITY;	STATE; ZIP CODE			
TREASURER ADDRESS (Residence or Business)	1184 CAMWOOD PL, BROWN	ISVILLE TX 78520				
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION				
TREASURER PHONE	( 956 ) 561-0377					
9 REPORT TYPE	January 15 30th day before el	lection Runoff	15th day after campaign treasurer appointment (Officeholder Only)			
	July 15 8th day before ele-	Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)			
10 PERIOD	Month Day Year	Month	Day Year			
COVERED	4 / 27 / 24	THROUGH 7	/ 24 / 24			
11 ELECTION	ELECTION DATE	ELECTION TYPE				
	Month Day Year Primary	Runoff Other Description				
	5 / 4 / 24 🔀 General	Special				
12 OFFICE	OFFICE HELD (if any)	13 ORFICE SOUGHT (IF KNOWN	)			
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS A THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED.	ACCEPTED OF POLITICAL EXPENDITURES M.	IDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR			
COMMITTEE(S)	COMMITTEE TYPE COMMITTEE NAME					
	GENERAL COMMITTEE ADDRESS					
Additional Pages	SPECIFIC COMMITTEE CAMPAIGN TREA	ASURER NAME				
	COMMITTEE CAMPAIGN TRE	EASURER ADDRESS				
GO TO PAGE 2						

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

15 C/OH NAME HUMBERTO TORR	ES TREVINO	16 Filer ID (Ethics Commission Filers)				
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00				
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00				
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 1,254.36				
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,254.36				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	* 0.00				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	* 0.00				
40 OLONIATUDE L	wear, or affirm, under penalty of perjury, that the accompanying report is true	and correct and includes all information				
	uried to be reported by me under Title 15, Election Code.	and correct and includes all whomation				
Tec	julied to be reported by the dilder Title 13, Election Code.					
	Signature of Cal	ndidate or Officeholder				
	Please complete either option below	y.				
riease complete ettilei option below.						
	SYLVIA DE LEON					
(1) Affidavit	My Notary ID # 124052103					
	Expires July 8, 2028					
6						
NOTARY STAMP/SEAL	<u>-</u>					
Sworn to and subscribed	before me by Sylvia Deler this the	24th day of July,				
20 24, to certify	which, witness my hand and seal of office.					
Solvia Delas	- Sylvia DeLean	Notarux Public				
Signature of officer administe		Title of officer administering oath				
	The same of the sa					
	OR	(Christiane Pally Sessible Mile)				
(2) Unsworn Declaration	on ·					
My name is	, and my date of birth is					
My address is						
1000		tate) (zip code) (country)				
Executed in		20				
LAGGUIGU III	County, State of , on the day of (month	) (year)				
	Signature of Candid	ate/Officeholder (Declarant)				

## 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
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/Confract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to	complete this form.				
1 Total pages Schedule F1:	2 FILER NAME HUMBERTO TORRES TREVINO			3 Filer ID (Ethics Commission Filers)		
4 Date 04/26/2024	5 Payee name SUNOCO					
6 Amount (\$)	7 Payee address;	City;		State;	Zip Code	
8.64	2501 Central Blvd,	Brownsvi	lle	TX	78520	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE OF EXPENDITURE	Meals & Beverages	Meals & Beverages  Check if Austin, TX, officeholder living expense		***		
	(c)			ificeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name I	Office sought			Office held	
Date	Payee name					
04/29/2024	Pink Ape Media Consulting LLC					
Amount (\$)	Payee address;			State;	Zip Code	
1,000.00	3892 Magali Cir,	Browns	ville	TX	78521	
	Category (See Categories listed at the lop of this schedule)	Description		_		
PURPOSE	Consulting	Marketing Co	nsulta	ant		
OF EXPENDITURE						
	Check if travel outside of Texas, Complete Schedule T. Check if Aust		fin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought			Office held	
Date	Payee name					
04/29/2024	Fiesta Graphics					
Amount (\$)	Payee address;	City;		State;	Zip Code	
54.12	205 Paredes Line Rd,	Brownsv	ille	TX	78521	
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Advertising	Advertising				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder fiving expense		expense		
Complete QNLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought			Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED			

## 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candiclate/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/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to o	complete this form.			
1 Total pages Schedule F1:	2 FILER NAME HUMBERTO TORRES TREVINO		3 Filer ID (Ethic	s Commission Filers	s)
4 Date 04/29/2024	5 Payee name Olive Garden				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
41.60	3807 Frontage Rd,	Brownsvi	ille TX	78520	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Meals & Beverages	Meals & Beverages			
	(c) Check if Iravel outside of Texas. Complete Schedule T.	aleT. Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought	on. 0	Office held	
Date	Payee name				
07/24/2024	Sylvia De Leon				
Amount (\$)	Payee address;	City;	State;	Zip Code	
150.00	2294 Avy Ln,	Brownsvi	ille TX	78520	
,	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Clerical	Clerical			
	Check if travel outside of Texas. Complete Schedule T.	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expens		g expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
Amount (\$)	Payee address;	City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		g expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEET	DED		

# 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 N		2 Filer ID (Ethics Commission Filers)			
	HUN	MBERTO TORRES TREVINO				
3	SIGNA	TURE				
	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	1120 - 2000-00-00-00-00-00-00-00-00-00-00-00-00	WHO IS NOT AN OFFICEHOLDER  plete A & B below only if you are not an officeholder. ••				
	A.	CAMPAIGN FUNDS				
	Chec	k only one:				
	V	I do not have unexpended contributions or unexpended interest or income earned from	om political contributions.			
	and the same of th	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 filling 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				
	Chec	k only one:				
	V	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 that I may not convert assets purchased with political contributions or interest or other personal use. I also understand that I must dispose of assets purchased with political requirements of Election Code, § 254.204.	er income from political contributions to			
5		EHOLDER plete this section <i>only</i> if you are an officeholder ••				
		I am aware that I remain subject to filing requirements applicable to an officeholder who difile. I am also aware that I will be required to file reports of unexpended contributions if, an officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	after filing the last required report as			
	*	Sign	gnature of Officeholder			



### AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

	ELECTRONIC FIL	ING EXEMPTIC	וע	JUL 25 2024	
An	exemption affidavit must be	e submitted with each pa	per report.	Date Hand delivered or Date Postm	parked
\$32,810 in political contrib	024, a candidate or officehoutions or made more than file all subsequent reports	\$32,810 in political exp		Receipt # Amount \$	
		<b>.</b>		Date Processed	
Humbeto Torr	res Trevino	Filer ID #		Date Imaged	
1. I swear or affirm tha more than \$32,810 i	t I have not accepted m n political expenditures	ore than \$32,810 in p in a calendar year.	oolitical con	tributions or made	
	ïrm that I do not use co al expenditures, or pers				
contract, uses comp	irm that no person actin uter equipment to keep sons making political co	current records of po	nsultant, an olitical contr	d no person with whom ibutions, political	ı I
electronically if I, my contributions or polit	irm that I understand the agent or consultant, or ical expenditures in a ca ontributions, political ex	a person with whom alendar year, or uses	l contract e computer e	exceeds \$32,810 in poli equipment to keep curr	rent
<ol> <li>I am filing this affidated in the second second in the second second in the second in t</li></ol>	vit with the \tag{\forall}  \forall \\ \text{s affidavit is required to} \\ \text{on from electronic filing.} \end{array}	be filed with each ca	e on <u>50</u> mpaign fina	h 15 zc24. ance report for which I a	am
Please complete eit	her option below:				
(1) Affidavit	SYLVIA DI My Notary ID # Expires July	124052103	Skona	ture of Filer	
NOTARY STAMP/SEAL			- Gigita	italic of Files	
Sworn to and subscribed befo	re me by Sylvia D	elen	this the 🚄	4th day of July	,
20 Q , to certify which	n, witness my hand and seal of off	ice.			
Signature of officer administering	Sylvi	a Delea	il lie Warding land, arrand	Notary Public  Title of officer administerin	ag oath
Signature of officer administering	oati Printed nan	ne of officer administering oath  OR		Title of officer administering	ig van
(2) Unsworn Declaration					
		, and my dat	e of birth is		
My address is	(-1A)	, /-/50		e) ' (zip code) ' (country)	
	(street) County, State of	3 .53	2.82		
		<u></u>		f Filer (Declarant)	

FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER

OFFICE USE ONLY

Date Received