

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
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: Mrs. FIRST: Sussie MI: C NICKNAME: Suzi LAST: Trevino SUFFIX:	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2518 Thomas Ave Pasadena Tx 77506	Date Received 2025 JAN 14 PM 2:06 CITY SECRETARY	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION 713-885-2425 etc	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: FIRST: Steven MI: J. NICKNAME: Steve LAST: HALVORSON SUFFIX:	Receipt # Amount \$	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1013 W. ELLAINE AVE PASADENA TX 77506		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (713) 894-3521		
9 REPORT TYPE	<input checked="" 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 Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 9 / 20 / 2024 THROUGH 12 / 31 / 2024		
11 ELECTION	ELECTION DATE Month Day Year 5 / 3 / 2025	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) none	13 OFFICE SOUGHT (if known) City Council District D	
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.		
<input type="checkbox"/> Additional Pages	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Sussie 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)	\$ <u>1277.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>930.88</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>1346.12</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>1000.00</u>

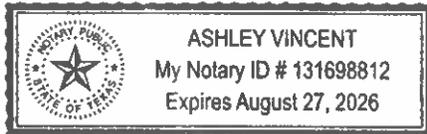
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Sussie Trevino this the 14th day of January

20 25, to certify which, witness my hand and seal of office.

Ashley Vincent Ashley Vincent Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____

My address is _____ (street) _____ (city) _____ (state) _____ (zip code) _____ (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____ (month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME Sussie Trevino	20 Filer ID (Ethics Commission Filers)
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21	SCHEDULE SUBTOTALS	NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1277.00 <i>etc</i>
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 MADE FROM POLITICAL CONTRIBUTIONS	\$ 930.88
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 1000.00
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input checked="" type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 14.00
12.	<input type="checkbox"/>	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:
2 FILER NAME <i>Sussie C. Trevino</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>10/5/24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jose Longoria</i> 6 Contributor address; City; State; Zip Code <i>7913 Running Water Dr. Austin Tx 78747</i>	7 Amount of contribution (\$) <i>100.⁰⁰</i>
8 Principal occupation / Job title (See Instructions) <i>Miller Integrated Solutions</i>		9 Employer (See Instructions) <i>Chemical Supervisor</i>
Date <i>12/9/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Eduardo Trevino</i> Contributor address; City; State; Zip Code <i>1004 Hughmont Pflugerville, Tx 78660</i>	Amount of contribution (\$) <i>350.⁰⁰</i>
Principal occupation / Job title (See Instructions) <i>Registered Dietitian</i>		Employer (See Instructions) <i>CommUnity Care</i>
Date <i>12/10/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Brigido Sepulveda</i> Contributor address; City; State; Zip Code <i>2409 Keeland St. Houston Tx 77093</i>	Amount of contribution (\$) <i>100.⁰⁰</i>
Principal occupation / Job title (See Instructions) <i>Engineer</i>		Employer (See Instructions) <i>Authentix Gate System LLC</i>
Date <i>12/10/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Elizabeth Black</i> Contributor address; City; State; Zip Code <i>61 E. Sunnyside St. Houston Tx 77016</i>	Amount of contribution (\$) <i>25.⁰⁰</i>
Principal occupation / Job title (See Instructions) <i>Teacher</i>		Employer (See Instructions) <i>Channelview ISD</i>

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

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
2 FILER NAME Sussie Trevino		3 Filer ID (Ethics Commission Filers)
4 Date 12/11/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jose Camacho Castro	7 Amount of contribution (\$) 52.⁰⁰
6 Contributor address; City; State; Zip Code 6314 Nyoka St. Houston Tx 77041		
8 Principal occupation / Job title (See Instructions) Unemployed		9 Employer (See Instructions) Unemployed
Date 12/11/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gabriel Munguia	Amount of contribution (\$) 150.⁰⁰
Contributor address; City; State; Zip Code 7315 Emerald Glade Ln Humble Tx 77396		
Principal occupation / Job title (See Instructions) Network Engineer		Employer (See Instructions) IBM
Date 12/12/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nancy Otto	Amount of contribution (\$) 25.⁰⁰
Contributor address; City; State; Zip Code 6023 Knollwood Tr. Spring Tx 77373		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/12/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Steven Halvorson	Amount of contribution (\$) 50.⁰⁰
Contributor address; City; State; Zip Code 1013 W. Ellaine Ave. Pasadena Tx 77506		
Principal occupation / Job title (See Instructions) Research Director		Employer (See Instructions) Baylor College of Medicine
<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

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
2 FILER NAME Sussie Trevino		3 Filer ID (Ethics Commission Filers)
4 Date 12/12/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bryan Lopez	7 Amount of contribution (\$) 50.00
6 Contributor address; City; State; Zip Code 17311 Loring Spring Tx 77388		
8 Principal occupation / Job title (See Instructions) Customer Success		9 Employer (See Instructions) Price Easy
Date 12/12/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Michelle Leija	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 10510 Lantry Way Houston Tx 77038		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/12/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Saul Zarco	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 6405 Dawson Creek Dr. Pasadena Tx 77503		
Principal occupation / Job title (See Instructions) Student+ Service		Employer (See Instructions) Houston Community College
Date 12/14/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Roland Mungia	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 619 Majestic Ridge Dr. Houston Tx 77049		
Principal occupation / Job title (See Instructions) Analyst		Employer (See Instructions) Anthem
<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

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:
2 FILER NAME Sussie Trevino		3 Filer ID (Ethics Commission Filers)
4 Date 12/15/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Carlo Santa Cruz	7 Amount of contribution (\$) 25.00
6 Contributor address; City; State; Zip Code 138 Treasure Houston Tx 77076		
8 Principal occupation / Job title (See Instructions) not employed		9 Employer (See Instructions) not employed
Date 12/18/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Alicia Galvan	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 15838 Roxton Ridge Webster Tx 71598		
Principal occupation / Job title (See Instructions) Patient Coordinator		Employer (See Instructions) Baylor College of Medicine
Date	Full name of contributor <input type="checkbox"/> 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 <input type="checkbox"/> 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:	2 FILER NAME Sussie Trevino	3 Filer ID (Ethics Commission Filers)
4 Date 11/27/24	5 Payee name Joe V's	
6 Amount (\$) 130.29	7 Payee address; City; State; Zip Code 4203 Red Bluff Pasadena Tx 77503	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event expenses	(b) Description Food
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11/27/24	Payee name Kroger	
Amount (\$) 103.26	Payee address; City; State; Zip Code 2619 Red Bluff Rd. Pasadena Tx 77504	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event expenses	Description Food
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11/29/24	Payee name Dollar Tree	
Amount (\$) 43.30	Payee address; City; State; Zip Code 2783 Red Bluff Rd Pasadena Tx 77503	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event expenses	Description Supplies for food
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY 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:		2 FILER NAME Sussie Trevino		3 Filer ID (Ethics Commission Filers)	
4 Date 12/2/24		5 Payee name Joe Vs			
6 Amount (\$) 50.54		7 Payee address; City; State; Zip Code 4203 Red Bluff Pasadena Tx 77503			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description food		
	(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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 12/2/24		Payee name Kroger			
Amount (\$) 42.87		Payee address; City; State; Zip Code 2419 Red Bluff Rd. Pasadena Tx 77506			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event expenses		Description food		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 12/2/24		Payee name Kroger			
Amount (\$) 5.37		Payee address; City; State; Zip Code 2419 Red Bluff Rd. Pasadena Tx 77506			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event expenses		Description food		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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:	2 FILER NAME Sussie Trevino	3 Filer ID (Ethics Commission Filers)
4 Date 12/2/24	5 Payee name Kroger	
6 Amount (\$) 1.50	7 Payee address; City; State; Zip Code 2619 Red Bluff Rd. Pasadena Tx 77506	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event expenses	(b) Description food
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12/10/24	Payee name Amazon	
Amount (\$) 37.65	Payee address; City; State; Zip Code P.O Box 81226 Seattle WA 98108	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Supplies	Description event Supplies
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12/11/24	Payee name Dollar Tree	
Amount (\$) 39.15	Payee address; City; State; Zip Code 2783 Red Bluff Rd. Pasadena Tx 77503	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) event Supplies	Description event Supplies
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY 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:	2 FILER NAME Sussie Trevino	3 Filer ID (Ethics Commission Filers)
4 Date 12/11/24	5 Payee name Kroger	
6 Amount (\$) 89.46	7 Payee address; City; State; Zip Code 2619 Red Bluff Rd. Pasadena Tx 77506	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expenses	(b) Description food
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12/11/24	Payee name Amazon	
Amount (\$) 73.61	Payee address; City; State; Zip Code P.O Box 81226 Seattle WA 98108	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) event supplies	Description Decorations
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12/12/24	Payee name Kroger	
Amount (\$) 8.44	Payee address; City; State; Zip Code 2619 Red Bluff Pasadena Tx 77506	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) event expenses	Description food
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY 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	2 FILER NAME Sussie Trevino	3 Filer ID (Ethics Commission Filers)
4 Date 12/12/24	5 Payee name Amazon	
6 Amount (\$) 32.14	7 Payee address, City, State, Zip Code P.O Box 81226 Seattle WA 98108	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Supplies	(b) Description Decorations
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 12/12/24	Payee name Amazon
Amount (\$) 27.38	Payee address, City, State, Zip Code P.O Box 81226 Seattle WA 98108
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event supplies
	Description Decorations
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX. officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held

Date 12/13/24	Payee name Taqveria de Jalis eo
Amount (\$) 30.01	Payee address, City, State, Zip Code 400 Houston Blvd. South Houston 77587
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food & Beverage expense
	Description meeting with supporter
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX. officeholder living expense	
Complete ONLY 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:	2 FILER NAME Sussie Trevino	3 Filer ID (Ethics Commission Filers)
4 Date 12/13/24	5 Payee name Reflecto Signs	
6 Amount (\$) 122.93	7 Payee address: City: State: Zip Code 706 Winkler Dr. South Houston Tx 77587	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Sign - Banner
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12/16/24	Payee name Amazon	
Amount (\$) 9.79	Payee address: City: State: Zip Code P.O Box 81226 Seattle WA 98108	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) event supplies	Description Decorations
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12/16/24	Payee name Second Draught	
Amount (\$) 14.00	Payee address: City: State: Zip Code 4201 Main St, Suite #130 Houston Tx 77002	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) event expense	Description food & Beverage
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY 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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date 12/16/24	5 Payee name Second Draught
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6 Amount (\$) 17.00	7 Payee address: City: State: Zip Code 4201 Main St. #130 Houston Tx 77002
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) event expenses	(b) Description Food & Beverage
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/18/24	Payee name Amazon
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Amount (\$) 15.58	Payee address: City: State: Zip Code P.O Box 81226 Seattle WA 98108
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) event Supplies	Description Decorations
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/19/24	Payee name Segundo Coffee
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Amount (\$) 6.50	Payee address: City: State: Zip Code 711 Milby St. #35 Houston Tx 77023
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food & Beverage	Description meeting with supporter
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY 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:	2 FILER NAME <i>Sussie Trevino</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>12/23/24</i>	5 Payee name <i>Taqueria Campos AZUL</i>	
6 Amount (\$) <i>30.11</i>	7 Payee address; City; State; Zip Code <i>2901 Preston Ave Pasadena Tx 77503</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Food & Beverage</i>	(b) Description <i>meeting with supporters</i>
	(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	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	<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	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	<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 PERSONAL FUNDS

SCHEDULE G

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 G:	2 FILER NAME Sussie Trevino	3 Filer ID (Ethics Commission Filers)
4 Date 9/20/2024	5 Payee name Amegy Bank	
6 Amount (\$) 1000 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address, City; State; Zip Code 3901 Red Bluff Pasadena Tx 77503	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Banking	(b) Description Account Opening
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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**NON-POLITICAL EXPENDITURES
MADE FROM POLITICAL CONTRIBUTIONS**

SCHEDULE I

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 I:	2 FILER NAME Sussie Trevino	3 Filer ID (Ethics Commission Filers)
4 Date 12/31/2024	5 Payee name Amegy Bank	
6 Amount (\$) 14. ⁰⁰	7 Payee address; 3901 Red Bluff Pasadena Tx 77503	City State Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) Banking	(b) Description (See instructions regarding type of information required.) Fees
	Date	Payee name
Amount (\$)	Payee address;	City State Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
	Date	Payee name
Amount (\$)	Payee address;	City State Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
	Date	Payee name
Amount (\$)	Payee address;	City State Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)

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