

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: 30
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs. FIRST Sussie "Suzi" MI C NICKNAME LAST Trevino SUFFIX	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2518 Thomas Ave. Pasadena Tx 77506	Date Received Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (713) 885-2425	2025 APR -3 PM 4:00 CITY SECRETARY	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST Steven MI J NICKNAME LAST Halvorson SUFFIX		
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 type="checkbox"/> January 15 <input checked="" 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 1 / 1 / 2025 THROUGH 4 / 3 / 2025		
11 ELECTION	ELECTION DATE Month Day Year 5 / 3 / 25	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) <input type="checkbox"/> Additional Pages	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"/> 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 <u>Sussie Trevino</u>		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)	\$ <u>7,325</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>4282.88</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>7,325</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

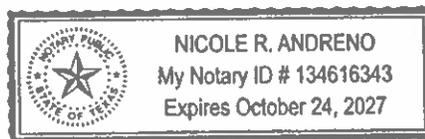
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Signature]

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Suzi Trevino this the 3rd day of April, 2025, to certify which, witness my hand and seal of office.

[Signature] Nicole R. Andreno 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 <i>Sussie Trevino</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>5,825</i>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>1,500</i>
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	\$ <i>4,208.57</i>
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 type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
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	\$ <i>74.31</i>
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 Sussie C. Trevino		3 Filer ID (Ethics Commission Filers)
4 Date 1/15/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Waleed Dortch	7 Amount of contribution (\$) 10.00
6 Contributor address; City; State; Zip Code 8711 Bentongrove Houston Tx 77044		
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) Walethepreneur LLC
Date 1/15/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lizzette Cantu	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 1218 Genova St. Houston Tx 77009		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) WLY
Date 1/15/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jose Manuel Diaz	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code 2109 San Jacinto Pasadena Tx 77502		
Principal occupation / Job title (See Instructions) Construction		Employer (See Instructions) 8 million stories
Date 1/15/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sandra Toscano	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code 9138 Blake Bend Houston Tx 77045		
Principal occupation / Job title (See Instructions) Not employed		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

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

~~Deborah Lopez~~ ^{Stc} Sussie Trevino

3 Filer ID (Ethics Commission Filers)

4 Date

1/15/25

5 Full name of contributor out-of-state PAC (ID# _____)

Bryan Lopez

7 Amount of contribution (\$)

25.00

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

1/15/25

Full name of contributor out-of-state PAC (ID# _____)

Alexandra Cobio

Amount of contribution (\$)

5.00

Contributor address; City; State; Zip Code

3704 Folger Houston Tx 77093

Principal occupation / Job title (See Instructions)

Customer Service

Employer (See Instructions)

Novalash

Date

1/15/25

Full name of contributor out-of-state PAC (ID# _____)

Steven Halvorson

Amount of contribution (\$)

25.00

Contributor address; City; State; Zip Code

1013 W. Ellaine Ave. Pasadena Tx

Principal occupation / Job title (See Instructions)

Not employed

Employer (See Instructions)

Date

1/15/25

Full name of contributor out-of-state PAC (ID# _____)

Belinda Luna

Amount of contribution (\$)

50.00

Contributor address; City; State; Zip Code

910 Buffalo Springs Spring Tx 77373

Principal occupation / Job title (See Instructions)

Buisness Analyst

Employer (See Instructions)

Enertia Software

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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

~~S&B 2 Brea~~ ^{STC} Sussie Trevino

3 Filer ID (Ethics Commission Filers)

4 Date

1/15/25

5 Full name of contributor out-of-state PAC (ID# _____)

~~10~~ Saul Zarco

7 Amount of contribution (\$)

25.00

6 Contributor address; City; State; Zip Code

15427 Amber Manor Ln. Houston Tx 77044

8 Principal occupation / Job title (See Instructions)

Educator

9 Employer (See Instructions)

idea

Date

1/15/25

Full name of contributor out-of-state PAC (ID# _____)

Priscilla Picasso

Amount of contribution (\$)

25.00

Contributor address; City; State; Zip Code

15902 Maple Shores Houston Tx 77044

Principal occupation / Job title (See Instructions)

Banker

Employer (See Instructions)

Texas Capital

Date

1/15/25

Full name of contributor out-of-state PAC (ID# _____)

Janie Maldonado

Amount of contribution (\$)

25.00

Contributor address; City; State; Zip Code

16503 Bluff Springs Houston Tx 77055

Principal occupation / Job title (See Instructions)

President

Employer (See Instructions)

General Commercial Solutions LLC

Date

1/15/25

Full name of contributor out-of-state PAC (ID# _____)

Daisy Hall

Amount of contribution (\$)

25.00

Contributor address; City; State; Zip Code

5740 Sweetbriar St. Houston Tx 77077

Principal occupation / Job title (See Instructions)

Bakery Owner

Employer (See Instructions)

Daisy's Flour Shop

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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 1/14/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Alejandra Salinas	7 Amount of contribution (\$) 250.00
6 Contributor address, City, State, Zip Code 1223 Bomar St. Houston Tx 77006		
8 Principal occupation / Job title (See Instructions) Lawyer		9 Employer (See Instructions) SUSman Godfrey
Date 2/27/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Raymond Martinez	Amount of contribution (\$) 100.00
Contributor address; City, State, Zip Code 16830 Silent Pines Ct. Conroe, Tx 77302		
Principal occupation / Job title (See Instructions) Management		Employer (See Instructions) Round 1
Date 2/24/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sonia Lopez	Amount of contribution (\$) 50.00
Contributor address; City, State, Zip Code 3217 Hage St. Houston Tx 77093		
Principal occupation / Job title (See Instructions) State Rep		Employer (See Instructions) State Rep
Date 2/21/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Liz Castillo	Amount of contribution (\$) 100.00
Contributor address; City, State, Zip Code 12102 Salt River Valley Ln Humble Tx 77346		
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Banking
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED 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 2/21/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Albert Ortiz	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 6300 Dixie Houston TX 77087		
8 Principal occupation / Job title (See Instructions) Manager		9 Employer (See Instructions) Pizzeria
Date 2/20/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lilia Saldivar	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 3705 Newton Dr. Pasadena TX 77503		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 2/19/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Valery Cabera	Amount of contribution (\$) 20.00
Contributor address; City; State; Zip Code 9147 Colendale Dr. Houston TX 77037		
Principal occupation / Job title (See Instructions) Court Supervisor		Employer (See Instructions) Harris County
Date 2/19/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Victoria Correa	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code 2200 William Tell St. Houston TX 77093		
Principal occupation / Job title (See Instructions) Benefits Specialist		Employer (See Instructions) YES Prep Public Schools

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

2/19/25

5 Full name of contributor

Eduardo Trevino

out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

100.00

6 Contributor address;

1006 Hughmont Dr. Pflugerville TX 78660

City;

State;

Zip Code

8 Principal occupation / Job title (See Instructions)

Registered Dietitian

9 Employer (See Instructions)

Community Care

Date

2/19/25

Full name of contributor

Barbara Dvand Clem

out-of-state PAC (ID# _____)

Amount of contribution (\$)

100.00

Contributor address;

8989 West Rd. Apt 928 Houston TX 77064

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Sales

Employer (See Instructions)

Force Energy

Date

2/19/25

Full name of contributor

Sylvia Reyes

out-of-state PAC (ID# _____)

Amount of contribution (\$)

100.00

Contributor address;

3204 Trail Hollow Dr. Pearland TX 77584

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Real Estate

Employer (See Instructions)

SevenTwenty Realty

Date

2/19/25

Full name of contributor

Joaquin Martinez

out-of-state PAC (ID# _____)

Amount of contribution (\$)

200.00

Contributor address;

7939 Glenscott St. Houston TX 77061

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

City Council

Employer (See Instructions)

City of Houston

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

2/18/25

5 Full name of contributor

out-of-state PAC (ID# _____)

Jannell Robles

7 Amount of contribution (\$)

150.00

6 Contributor address;

City;

State;

Zip Code

4510 Jamaica Ln Pasadena TX 77505

8 Principal occupation / Job title (See Instructions)

Attorney

9 Employer (See Instructions)

Harris County

Date

2/18/25

Full name of contributor

out-of-state PAC (ID# _____)

Jennifer Halvorsen

Amount of contribution (\$)

25.00

Contributor address;

City;

State;

Zip Code

103W. Ellaine Ave Pasadena TX 77506

Principal occupation / Job title (See Instructions)

Analyst

Employer (See Instructions)

ENA

Date

2/18/25

Full name of contributor

out-of-state PAC (ID# _____)

Bryan Lopez

Amount of contribution (\$)

50.00

Contributor address;

City;

State;

Zip Code

17311 Loring Spring TX 77388

Principal occupation / Job title (See Instructions)

Customer Success

Employer (See Instructions)

Price Easy

Date

2/18/25

Full name of contributor

out-of-state PAC (ID# _____)

Edward Gonzalez

Amount of contribution (\$)

250.00

Contributor address;

City;

State;

Zip Code

P.O. Box 70683 Houston TX 77270

Principal occupation / Job title (See Instructions)

Sheriff

Employer (See Instructions)

Harris County Sheriffs Office

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

2/17/25

5 Full name of contributor out-of-state PAC (ID# _____)

Eraciela Saenz

7 Amount of contribution (\$)

100.00

6 Contributor address; City; State; Zip Code

1108 Hackney St. Houston TX 77023

8 Principal occupation / Job title (See Instructions)

Attorney

9 Employer (See Instructions)

Self Employed

Date

2/12/25

Full name of contributor out-of-state PAC (ID# _____)

Melina Hamezopoulos

Amount of contribution (\$)

10.00

Contributor address; City; State; Zip Code

102 Belle Terre Blvd Covington LA 70433

Principal occupation / Job title (See Instructions)

Accountant

Employer (See Instructions)

LOOP

Date

2/19/25

Full name of contributor out-of-state PAC (ID# _____)

Sandra Toscano

Amount of contribution (\$)

25.00

Contributor address; City; State; Zip Code

9138 Blake Bend Cir Houston TX 77095

Principal occupation / Job title (See Instructions)

Not Employed

Employer (See Instructions)

Not Employed

Date

Full name of contributor out-of-state PAC (ID# _____)

~~Debra L. ...~~

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.

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 3/28/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flor Lopez	7 Amount of contribution (\$) 80.00
6 Contributor address; City; State; Zip Code 12607 Rocky hill Houston Tx 77066		
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions)
Date 3/25/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kim Krist	Amount of contribution (\$) 150.00
Contributor address; City; State; Zip Code 1914 Orchard County Ln. Houston Tx 77062		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions)
Date 3/13/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jose Longoria	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 7913 Running Water Dr. Austin Tx 78747		
Principal occupation / Job title (See Instructions) Chemical Supervisor		Employer (See Instructions) Miller Integrated Solutions
Date 3/12/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amy Janette Munsz	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 2104 Harper Dr. Pasadena Tx 77502		
Principal occupation / Job title (See Instructions) Managing member		Employer (See Instructions) JBL Tax Services
<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 4/2/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jose Alvarez	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 2412 Valley Forge Dr. Pasadena TX 75062		
8 Principal occupation / Job title (See Instructions) Manager		9 Employer (See Instructions) AT&T
Date 3/6/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lisa Azios	Amount of contribution (\$) 75.00
Contributor address; City; State; Zip Code 6227 Wynnwood Ln. Houston TX 77008		
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)
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.

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 Trevino</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/6/25</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>EFen Gonzalez</i>	7 Amount of contribution (\$) <i>2,000</i>
6 Contributor address; City; State; Zip Code <i>4120 N. main St. Houston Tx</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/25/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>LIEE PAC</i>	Amount of contribution (\$) <i>1,000.00</i>
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)
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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2 1	
2 FILER NAME Sussie Trevino		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 1,500	
5 Date 4/2/25	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Notia Tech	8 Amount of Contribution \$ 1500	9 In-kind contribution description Digital Marketing
7 Contributor address; City; State; Zip Code 12922 Barkley Den Houston Tx 77044		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) CEO		11 Employer (FOR NON-JUDICIAL)(See Instructions) Notia Tech	
12 Contributor's principal occupation (FOR JUDICIAL) Digital marketing		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) [REDACTED]	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
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 1/9/25	5 Payee name Common Desk - ION	
6 Amount (\$) 4.60	7 Payee address; City; State; Zip Code 4201 Main st suite 200, Houston TX 77002	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food	(b) Description Coffee meeting
	(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 1/13/25	Payee name Two four Consulting	
Amount (\$) 500.00	Payee address; City; State; Zip Code 1013 W. Ellene Ave. Pasadena TX 77509	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting	Description CONSULTING
	<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 1/14/25	Payee name Spankingo Pizza	
Amount (\$) 86.49	Payee address; City; State; Zip Code 4010 SPENCER HWY PASADENA TX 77504	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) event expense	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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

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 1/14/25	5 Payee name H-Town Brewing Co.	
6 Amount (\$) 370.11	7 Payee address; City; State; Zip Code 4041 Preston Hwy, Louisville KY 40213	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(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
Date 1/22/25	Payee name Taqueria Puro Jalisco	
Amount (\$) 29.00	Payee address; City; State; Zip Code 1629 S Richey St, Pasadena, Tx	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	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
Date 1/23/25	Payee name Texas Democratic	
Amount (\$) 350.00	Payee address; City; State; Zip Code 314 Highland Blvd Austin, TX 78752	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Data Access
	<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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

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)
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4 Date <i>1/27/25</i>	5 Payee name <i>OSO Coffee</i>
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6 Amount (\$) <i>14.49</i>	7 Payee address; City; State; Zip Code <i>2603 Navigation Blvd, Houston, TX 77003</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Other</i>	(b) Description <i>Meeting with Supporter</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
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Date <i>1/27/25</i>	Payee name <i>Enhancing Latino Civic Engagement</i>
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Amount (\$) <i>17.85</i>	Payee address; City; State; Zip Code <i>1801 Main St Houston Tx</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	Description <i>Seminar</i>
	<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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Date <i>1/31/25</i>	Payee name <i>Walmart</i>
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Amount (\$) <i>55.43</i>	Payee address; City; State; Zip Code <i>1107 Shaver St, Pasadena, TX 77506</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense <i>Event Expense</i>	Description <i>food</i>
	<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

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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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

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>1/31/25</i>	5 Payee name <i>Texas Democratic</i>	
6 Amount (\$) <i>45.00</i>	7 Payee address; City; State; Zip Code <i>314 Highland Blvd Austin, TX 78752</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Other</i>	(b) Description <i>Data access</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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>1/31/25</i>	Payee name <i>Amazon</i>	
Amount (\$) <i>8.64</i>	Payee address; City; State; Zip Code <i>410 Terry Avenue North Seattle, Washington 9816</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Other</i>	Description <i>thankyou notes to donors</i>
	<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 <i>2/3/25</i>	Payee name <i>Simply Pho</i>	
Amount (\$) <i>32.51</i>	Payee address; City; State; Zip Code <i>2929 Milam St, Houston, TX 77006</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Other</i>	Description <i>Meeting w/Supporter</i>
	<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

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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:	2 FILER NAME <u>Sussie Trevino</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>2/6/25</u>	5 Payee name <u>Amazon</u>	
6 Amount (\$) <u>74.70</u>	7 Payee address; City; State; Zip Code <u>410 Terry Avenue North Seattle, Washington 98104</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Event Expenses</u>	(b) Description <u>Decorations</u>
	(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 <u>2/10/25</u>	Payee name <u>Office Depot</u>	
Amount (\$) <u>110.00</u>	Payee address; City; State; Zip Code <u>398 3931 Fairway Plaza, Dr Pasadena, TX 77</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advertising</u>	Description <u>Mailing Stamps</u>
	<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 <u>2/10/25</u>	Payee name <u>Amazon</u>	
Amount (\$) <u>3.78</u>	Payee address; City; State; Zip Code <u>410 Terry Ave nue North Seattle, Washington 98104</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u>	Description <u>Envelopes</u>
	<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)
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4 Date <i>2/11/25</i>	5 Payee name <i>Amazon</i>
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6 Amount (\$) <i>50.76</i>	7 Payee address; City; State; Zip Code <i>410 Terry Avenue North Seattle, Washington 98109</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Other</i>	(b) Description <i>Printing Ink</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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>2/13/25</i>	Payee name <i>Walmart</i>
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Amount (\$) <i>80.34</i>	Payee address; City; State; Zip Code <i>1107 Shaver St, Pasadena, TX 77506</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Other</i>	Description <i>Printer</i>
	<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 <i>2/13/25</i>	Payee name <i>Amazon</i>
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Amount (\$) <i>27.90</i>	Payee address; City; State; Zip Code <i>410 Terry Avenue North Seattle, Washington 98109</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>Printing Supplies</i>
	<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 Sussie Trevino	3 Filer ID (Ethics Commission Filers)
4 Date 2/18/25	5 Payee name Kroger	
6 Amount (\$) 76.99	7 Payee address; City; State; Zip Code Red bluff Road Pasadena TX 77506	
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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 2/18/25	Payee name Kroger	
Amount (\$) 27.14	Payee address; City; State; Zip Code Red Bluff Road Pasadena TX 77506	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 2/18/25	Payee name Kroger	
Amount (\$) 27.14	Payee address; City; State; Zip Code Red Bluff Road Pasadena TX 77506	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	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 <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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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.

1 Total pages Schedule F1		2 FILER NAME Sussie Trevino		3 Filer ID (Ethics Commission Filers)	
4 Date 2/21/25		5 Payee name Joe V's			
6 Amount (\$) 65.29		7 Payee address; 4203 Red Bluff Rd, Pasadena Tx 77502		City, State; Zip Code	
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 Office held	
Date 2/21/25		Payee name Two four Consulting			
Amount (\$) 500.00		Payee address; 1013 W. Ellene Ave. Pasadena Tx 77506		City, State, Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting		Description Fees		
	<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 2/21/25		Payee name Two four Consulting			
Amount (\$) 500.00		Payee address; 1013 W. Ellene Ave Pasadena Tx 77506		City, State, Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting		Description Fees		
	<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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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.

1 Total pages Schedule F1	2 FILER NAME Sussie Trevino	3 Filer ID (Ethics Commission Filers)
4 Date 2/21/25	5 Payee name Joe V's	
6 Amount (\$) 65.29	7 Payee address; City, State; Zip Code 4203 Red Bluff Rd, 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 Office held

Date 2/21/25	Payee name Kroger	
Amount (\$) 14.23	Payee address; City, State, Zip Code Red Bluff Road Pasadena TX 77506	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	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 2/21/25	Payee name Brewwings	
Amount (\$) 45.46	Payee address; City, State, Zip Code Fairmont Pasadena Tx	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	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

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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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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.

1 Total pages Schedule F1		2 FILER NAME Sussie		3 Filer ID (Ethics Commission Filers)	
4 Date 2/24/25		5 Payee name Sellers Brothers			
6 Amount (\$) 35.58		7 Payee address, City, State, Zip Code 2311 Strawberry Rd, Pasadena, TX 77502			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description Community Meeting 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 2/29/25		Payee name Tekila Mexican Grill			
Amount (\$) 24.49		Payee address, City, State, Zip Code 2420 Tidwell Rd, Houston TX 77093			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other		Description Meeting with Fundraising		
	<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 2/25/25		Payee name Antidote Coffee			
Amount (\$) 17.74		Payee address, City, State, Zip Code 729 Studewood St, Houston, TX 77007			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other		Description meeting with Blockwalker		
	<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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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 Expenses
Travel In District
Travel Out Of District
Other (enter a category not listed above)

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 3/10/25	5 Payee name Kroger	
6 Amount (\$) 56.02	7 Payee address; Red Bluff Road Pasadena TX 77506	City, State, Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Food for Blockwalkers
	(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 3/10/25	Payee name Kroger	
Amount (\$) 4.18	Payee address; Red Bluff Road Pasadena TX 77506	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Food for Blockwalkers
	<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 3/10/25	Payee name Kroger	
Amount (\$) 44.02	Payee address; Red bluff Road Pasadena TX 77506	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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.

1 Total pages Schedule F1		2 FILER NAME Sussee Trevino		3 Filer ID (Ethics Commission Filers)	
4 Date 3/10/25		5 Payee name The Home Depot			
6 Amount (\$) 467.79		7 Payee address, City, State, Zip Code 5455 Fairmont Pasadena TX 77			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising		(b) Description Printing Expense		
	(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 3/12/25		Payee name Print N Sign			
Amount (\$) 188.00		Payee address, City, State, Zip Code 7350 Harwin Drive Houston TX 77036			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Marketing		Description Printing Expense		
	<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 3/13/25		Payee name Amazon.com			
Amount (\$) 35.71		Payee address, City, State, Zip Code 410 Terry Ave N. Seattle WA 98109			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Marketing		Description Advertisement		
	<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	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

Solitary/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.

1 Total pages Schedule F1	2 FILER NAME SUSSIE TREVINO	3 Filer ID (Ethics Commission Filers)
4 Date 4/1/25	5 Payee name Pasadena Chamber	
6 Amount (\$) 45.00	7 Payee address; City, State; Zip Code 4334 Fairmont Pkwy Pasadena Tx 77504	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event	(b) Description Event Fee
	(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 2/11/25	Payee name City of Pasadena	
Amount (\$) 100.00 cash	Payee address; City, State; Zip Code 111149 Ellsworth Dr. Pasadena Tx 77506	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Campaign Filing Fee	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input checked="" 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 (\$)	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 2/1/25	5 Payee name Act blue	
6 Amount (\$) 9.27	7 Payee address; City State Zip Code P.O Box 441146 Somerville, MA 02144-0031	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) Service fee	(b) Description (See instructions regarding type of information required.) Service fees
Date 3/1/25	Payee name Act blue	
Amount (\$) 24.09	Payee address; City State Zip Code P.O Box 441146 Somerville, MA 02144-0031	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) Service fees	Description (See instructions regarding type of information required.) Service fees
Date 4/1/25	Payee name Act blue	
Amount (\$) 6.45	Payee address; City State Zip Code P.O Box 441146 Somerville, MA 02144-0031	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) Service fee	Description (See instructions regarding type of information required.) Service fee
Date 5/1/25	Payee name Act Blue	
Amount (\$) 1.50	Payee address; City State Zip Code P.O Box 441146 Somerville, MA 02144-0031	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) Service	Description (See instructions regarding type of information required.) fee

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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 1/31/25	5 Payee name Amegy Bank			
6 Amount (\$) 2.00	7 Payee address;	City	State	Zip Code
	P.O Box 26547	Salt Lake City	UT	84126
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 2/28/25	Payee name Amegy Bank			
Amount (\$) 2.00	Payee address;	City	State	Zip Code
	PO Box 26547	Salt Lake City	UT	84126
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) Banking		Description (See instructions regarding type of information required.) Fees	
Date 2/24/25	Payee name Amage Bank			
Amount (\$) 29.00	Payee address;	City	State	Zip Code
	PO Box 26547	Salt Lake City	UT	84129
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) Banking		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.)	

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