

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 ACCOUNT #
(Ethics Commission Filers)

2 Total pages filed: 4

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR (MR) FIRST Andres MI M
 NICKNAME Andy LAST Trimino SUFFIX

OFFICE USE ONLY

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX: 10520 BIG THICKET DR. APT / SUITE #: AUSTIN TX 78747 CITY: STATE: ZIP CODE
 change of address

Date Received

Date Hand-delivered or Postmarked

Receipt # Amount

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE (512) PHONE NUMBER 299-1776 EXTENSION

Date Processed

6 CAMPAIGN TREASURER NAME

MS / MRS / MR (MR) FIRST Andres MI M
 NICKNAME Andy LAST Trimino SUFFIX

Date Imaged

7 CAMPAIGN TREASURER ADDRESS (residence or business)

STREET ADDRESS (NO PO BOX PLEASE): 10520 BIG THICKET DR. APT / SUITE #: AUSTIN TX 78747 CITY: STATE: ZIP CODE

8 CAMPAIGN TREASURER PHONE

AREA CODE (512) PHONE NUMBER 299-1776 EXTENSION

9 REPORT TYPE

- January 15 30th day before election Runoff 15th day after campaign (treasurer appointment (officeholder only))
 July 15 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year 10 / 10 / 2014 THROUGH Month Day Year 10 / 18 / 2014

11 ELECTION

ELECTION DATE Month Day Year 11 / 4 / 2014 ELECTION TYPE Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

AISD TRUSTEE DISTRICT 9-AT LARGE

GO TO PAGE 2

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

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

14 C/OH NAME Andres (Andy) M. Trimino 15 ACCOUNT # (Ethics Commission Filers)

16 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.

COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 500. ⁰⁰
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 497. ²⁴
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 AFFIDAVIT

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.



Andres M. Trimino, Esq.
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Andres Trimino, this the 24th day of October, 20 14, to certify which, witness my hand and seal of office.

Ana Cruz Signature of officer administering oath
Ana Cruz Printed name of officer administering oath
Notary Public Title of officer administering oath

**POLITICAL CONTRIBUTIONS
 OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>Andres (Andy) M. Trimino</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>10/16/2014</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>ASSOCIATION OF TEXAS PROFESSIONAL EDUCATORS - PAC</i>	7 Amount of contribution (\$) <i>\$500.-</i>	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code <i>365 E. HUNTLAND DR. AUSTIN TX 78752</i>		
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
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

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 1 2 FILER NAME: Andres (Andy) M. Trimino 3 ACCOUNT # (Ethics Commission Filers):

4 Date: 10-14-2014 5 Payee name: HOBBY LOBBY

6 Amount (\$): \$62.47 7 Payee address; City; State; Zip Code: 9600 S. IH35 SUITE L
AUSTIN TX 78748

8 PURPOSE OF EXPENDITURE: (a) Category (See categories listed at the top of this schedule): EVENT EXPENSE (b) Description (If travel outside of Texas, complete Schedule T): OPEN HOUSE-CAMPAIGN PARTY

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

Date: 10-17-2014 Payee name: HEB Grocery

Amount (\$): \$125.40 Payee address; City; State; Zip Code: 2110 New Slaughter Lane
Austin TX 78748

PURPOSE OF EXPENDITURE: Category (See categories listed at the top of this schedule): EVENT EXPENSE Description (If travel outside of Texas, complete Schedule T): OPEN HOUSE-CAMPAIGN PARTY

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

Date: 10-18-2014 Payee name: HEB Grocery

Amount (\$): \$179.46 Payee address; City; State; Zip Code: 2110 New Slaughter Lane
Austin TX 78748

PURPOSE OF EXPENDITURE: Category (See categories listed at the top of this schedule): EVENT EXPENSE Description (If travel outside of Texas, complete Schedule T): OPEN HOUSE-CAMPAIGN PARTY

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

Date: 10-10-2014 Payee name: Super Cheap Signs

Amount (\$): \$230.41 Payee address; City; State; Zip Code: 9804 Gray Blvd
Austin TX 78758

PURPOSE OF EXPENDITURE: Category (See categories listed at the top of this schedule): Advertising Description (If travel outside of Texas, complete Schedule T): (local) signs

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED