JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

The JC/OH Instruction	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER	MS/MRS/MR PIRST	MI	OFFICE USE ONLY
NAME			Date Received
	NICKNAME LAST Vargas	SUFFIX	FILED FOR RECORD AT M
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / SUITE #	CITY; STATE; ZIP CODE	FEB 0 5 2018
MAILING ADDRESS	1029 Ashdown W	N_ 9.4412	A KARA SANDS
Change of Address	P.O. Box 66 Cornus	Christ, TX 75463	CLERY COUNTY CO. 31. NOTOES COUNTY TOUS OFFUTY
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Posimarked
OFFICEHOLDER PHONE	(36/) 993-856	35	
6 CAMPAIGN	MS / MRS / MR	MI	- Receipt # Amount \$
TREASURER NAME	NICKNAME LAST	SUFFIX	Date Processed .
	Casilla	\$	Date Imaged
7 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE); APT /	SUITE #; CITY; STATE;	ZIP CODE
ADDRESS	5756 S. Staple	5 7	
(Residence or Business)	Corpus Christi,	78413	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER 855-/52	EXTENSION	
9 REPORT TYPE	January 15 30th day before	e 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	Month Day	Year
GOVERED	0//0//2018	O2/05/	2018
11 ELECTION	ELECTION DATE Month Day Year Primary	ELECTION TYPE	
	Month Day Year Primary 03 / 16 / 34/8 General	Description	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (If know	n)
	Fudge, County Count	at	
	GO TO	PAGE 2	10 022
		20.	18-032

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 2

14 JC/OH NAME	Kober	t J. Vargas 15 F	ller ID (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	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME	Mahadaki Mahada da aya da aya da da da da da da aya da da da da da aya da	
Additional Pages				
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS		OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ ggatterenamentenamentenament	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$			
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 GR LESS, UNLESS ITEMIZED			
	4. TOTAL POLITICAL EXPENDITURES \$ 6333,54			
CONTRIBUTION BALANCE	4. TOTAL POLITICAL EXPENDITURES \$ 6333.54 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 55,304.88			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD			
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. MARY A GRESES My Commission Expires May 11, 2018 Signature of Candidate or Officeholder				
AFFIX NOTARY STAMP/SEALABOVE				
Sworn to and subscr	ribed before me. h	ov the said Robert. J. Vargas	, this the	
day of /cbruary, 20 18, to certify which, witness my hand and seal of office.				
Mary A 6	reses	Mary A. Greses	Notary Public	
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath				

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Com	mission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$
4.	SCHEDULE E(J): LOANS (JUDICIAL)	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 633354
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Oonations Made B Candidate/Officeholder/Politics		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense ense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundratsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
Credit Card Payment	The Instruction Guide	explains how to complete this form.	,	
1 Total pages Schedule F1:	2 FILER NAME Robert	F. Vargas	3 Filer ID (Ethics Commission Filers)	
4 Date / /8	5 Payee name 519N X Pre	55		
6 Athought (S) 14	4404 5. Padr Corpus Chris	11 TK 78411		
8 PURPOSE OF EXPENDITURE	(a) Category (Selectories listed at the to Printing Expense (Magnetic Sign.	Dante a / Check if trave	al outside of Texas. Complete Schedule T.	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date 18	Payee name Southwest F	hotographic		
Amount (\$)	Payee address; City; Sta 4706 Everhar; Corpus Chars	ate; Zip Code / H. R. A.		
PURPOSE OF EXPENDITURE	Printing Amoto	Check if travel	outside of Texas. Complete Schedule T. stin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date _f	Рауее пате			
1/8/13	SigN XPress	Ś		
Although (\$) 86	Payee address; City; Sta 4404 5 Padh Corpus Christi	ste; Zip Code Le Island On 174 7841		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top Printing Expensi Magnetic Sign	Check if travel	outside of Texas. Complete Schedule T. Lin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	f Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				



POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

FROM POLITICAL CONTRIBUTIONS					SCHEDULE F1
EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politica Credit Card Payment		Event Expense Faces Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services The Instruction Guide exp	Loan Repay Office Overl Polling Exp Printing Exp Salaries/Wa	ment/Reimbursement nead/Rental Expense ense ense ges/Contract Labor	Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER N	AM Robert F.	Vareza.	S	3 Filer ID (Ethics Commission Filers)
4 Date 9 18	5 Payeens	WAACP	<i>O</i>		
6 Amount (\$)	7 Payee ac	odress; City; State; 19 N. Chap Depuy Christ	Zip Code a rra/S	3+	
8 PURPOSE OF EXPENDITURE	Ev	r (Sight Categories listed at the top of RNJ Expens RNJ Expens Vival Bargust 3	.	[]	atside of Texas. Complete Schedule T. a, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh		ate / Officeholder name		Office sought	Office held
Date	Payee na	me al Bend Work	ens Lau	igers Assi	∨
Ambuni (\$) 485	Corp	Box 2/76 -	Zip Code)3	
PURPOSE OF EXPENDITURE	Eve	(See Calegories listed at the top of the state of the sta	his schedule) #450 \$ 35		side of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought	Office held
Date (19/18) Amount (\$)	Payee ad	any Club o	Zip Code	Bay	
PURPOSE OF EXPENDITURE	Adve 12 pas	(See Categories listed at the top of the trising Expense Ad Golden GI	is schedule) Le EVES EURIMIT	Check if Austin,	side of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH		tie / Officeholder name/		Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					



POLITICAL EXPENDITURES MADE

FROM POI	LITICAL CONTRIBUTION	S 	SCHEDULE F1		
EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment	Fees Office of Food/Beverage Expense Polling By Gift/Awards/Memorials Expense Printing	tepayment/Reimbursement Overhead/Rental Expense Expense g Expense s:/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
Orbit Obd r aymore	The Instruction Guide explains how t	o complete this form.			
1 Total pages Schedule F1:	2 FILER NAME bert J larga	7.5	3 Filer ID (Ethics Commission Filers)		
4 Date 194/18	5 Payee name Lendon PTO				
6 Amdunt (\$)/	7 Payee address; City; State; Zip Code 1306 FM43 CMpus Christi, TX 78				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		stelde of Texes. Complete Schedule T.		
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held		
Date 1/26/18	Grunwald Printing				
Amount (\$)/83	Payee address; City; State; Zip Code 14/8 Morgan Corpus Christi, TX	78404			
PURPOSE OF EXPENDITURE	Category (See Calegories listed at the top of this schedule) Advertising Expense Company Posters	ł <u>– – – – – – – – – – – – – – – – – – –</u>	side of Texas. Complete Schedule T. TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date / 26/8	Payee name Lowe's Home Improve	went			
Amount (\$) / 98	Payee address; City; State: Zip Code 1530 Airline Rd Corpus Christi, Ty 7	9412			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertis w Expense T-Posts (12) + top of the content of the Campaign Posters		side of Texas. Complete Schedule T. TX, officeholder living expense		
Complete <u>ONLY</u> if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					



POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Office Overthe Politing Experience Printing Expension Salaries/Wa	ense ges/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1	: 2 FILER N	vame obert J. V	Varac	<u>LS</u>	3 Filer ID (Ethics Commission Filers)
4 Date 27 18	5 Payee n	Court Court of the	Impo	or brent	
6 Arrhount (\$) 199	7 Payee a	30 Airline postiti	Zip Code SJ 789	112	
8	(a) Categor	y (See Categories listed at the top of this	schedule)	(b) Description	utside of Texas. Complete Schedule T.
PURPOSE OF EXPENDITURE	7-Po	113 (35)			n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O		date / Officeholder name	-	Office sought	Office held
Date	Payee na	ome Depot	Augustinion of the Control of the Co		
Amount (\$) /	Payee at	سي الأن الأستيسي	zip Gode Island V 78	02 411	
	4 .	y (See Calegories listed at the top of this	schedule)	Description Chart it town out	rtside of Texas. Complete Schedule T.
PURPOSE OF EXPENDITURE	Copb	vertising Expens tres to the po to T-Posts	sters	 1	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oi		late / Officeholder name		Office sought	Office held
Date	Payee ni	ame		Ŋ	
2/2/18	G	runwald fr	inteng	Co	
Amount (\$) 2739 82	Payee ac	ddress; City; State; 2 8 Morgan pvs Christi,	Ty 7	8404	
PURPOSE OF EXPENDITURE	Category Adve Compa	(See Categories listed at the top of this so extranged the per of august Material-	schedule)		iside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

and the second s

5

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

THOM FOE	LITIOAL CONTINECT				
EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Sanking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics Credit Card Payment		Office Overhead/Rental Expense Politing 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)		
1 Total pages Schedule F1:	2 FILER NAME Lobert F.	Vargas 3	Filer ID (Ethics Commission Filers)		
4 Date 2 18	5 Payee name Depo	,f- 1			
6 Amount (5)	7 Payee address; City; State 7 7 504/ 5. Padre IS Christi;	land Dr TX 18411			
8	(a) Category (See Categories listed at the top of this s		de of Texes. Complete Schedule T.		
PURPOSE OF EXPENDITURE	Advertising Exper		X, afficeholder living expense		
	1-pos/ +02 /305/20	<u> </u>			
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held		
Date 2 / 4 / 8	Payee name Once Depo	A			
Andount (5) 7054	Payee address; City; Statel Zi 504/5. Padue I Corpus Christi	p Code Island Dr TX 7841			
PURPOSE OF EXPENDITURE	Category (See Calegories listed at the top of this so Adventising Expen T-Posts	Check if travel outside	e of Texas. Complete Schedule T. K, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name	ATT			
3					
Amount (\$)	Payee address; City; State; Zi	p Gode			
PURPOSE OF EXPENDITURE	Category {See Categories listed at the top of this so	Check if travel outside	e of Texas. Complete Schedule T. C, 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 NEED!	ED .		