

1-7

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: 7
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Robert	MI J.
	NICKNAME	LAST Vargas	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
	7029 Ashdown Dr. Corpus Christi, TX 78413 P.O. Box 66, Corpus Christi, TX 78403		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(361)	993-8565	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Henry	MI
	NICKNAME	LAST Casillas	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY; STATE; ZIP CODE
	5756 S. Staples St. Corpus Christi, TX 78413		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(361)	855-1521	
9 REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff
	<input type="checkbox"/> July 15	<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit
10 PERIOD COVERED	Month	Day	Year
	/	/	
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year 03/06/2018	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff
12 OFFICE	OFFICE HELD (if any)	OFFICE SOUGHT (if known)	
	Judge, County Court at Law #1		

OFFICE USE ONLY

Date Received
RECEIVED

FEB 26 2018

KARA SANDS
CLERK OF THE COUNTY COURT
NUECES COUNTY, TEXAS

Date Hand-delivered or Date Postmarked
10:32 AM

Receipt # Amount \$

Date Processed

Date Imaged

GO TO PAGE 2

2018-064

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$ 6400 ⁰⁰
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. <input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$
4. <input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)		\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 355 ⁹⁸ / _{AK}
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 type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

The instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: 2
2 FILER NAME Robert J. Vargas		3 Filer ID (Ethics Commission Filers)
4 Date 2/7/18	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Jose Barrera	7 Amount of contribution (\$) \$1000 ⁰⁰
6 Contributor address; City; State; Zip Code 1231 Agnes St A-12 Corpus Christi, TX 78401		
8 Contributor's principal occupation Attorney		9 Contributor's job title
10 Contributor's employer/law firm Self		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

Date 2/7/18	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Law office Thomas F. Henry Operating Account	Amount of contribution (\$) \$5000 ⁰⁰
Contributor address; City; State; Zip Code 521 Starr St Corpus Christi, TX 78401		
Contributor's principal occupation Attorney		Contributor's job title
Contributor's employer/law firm Law office Thomas F. Henry		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

Date 2/7/18	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Paul Dodson	Amount of contribution (\$) \$150 ⁰⁰
Contributor address; City; State; Zip Code 218 Leming Ave Corpus Christi, TX 78404		
Contributor's principal occupation Attorney		Contributor's job title
Contributor's employer/law firm Self		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

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 (JUDICIAL)

SCHEDULE A(J)1

5

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME <i>Robert F. Vargas</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2/7/18</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Phillip Westergren</i>	7 Amount of contribution (\$) <i>250⁰⁰</i>
6 Contributor address; _____ City; State; Zip Code <i>1750 Santa Fe Corpus Christi, TX 78404</i>		
8 Contributor's principal occupation <i>Attorney</i>		9 Contributor's job title
10 Contributor's employer/law firm <i>SELF</i>		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____	Amount of contribution (\$)
	Contributor address; _____ City; State; Zip Code	
Contributor's principal occupation		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____	Amount of contribution (\$)
	Contributor address; _____ City; State; Zip Code	
Contributor's principal occupation		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

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

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	2 FILER NAME Robert F. Vargas	3 Filer ID (Ethics Commission Filers)
4 Date 2/5/18	5 Payee name Home Depot	
6 Amount (\$) 38.68 <i>KL</i>	7 Payee address; City; State; Zip Code 5041 S. Padre Island Dr Corpus Christi, TX 78411	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 2-purchaser plastic, washers & screws for signs	(b) Description <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 2/10/18	Payee name Robert F. Vargas	
Amount (\$) 100 <i>KL</i>	Payee address; City; State; Zip Code 7029 Ashdown Dr Corpus Christi, TX 78401	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) petty cash - for gas, drinks & food for volunteers putting up signs	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense (Dan Arispe + Jesse Firo)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 2/19/18	Payee name Office Depot	
Amount (\$) 17.30 <i>KL</i>	Payee address; City; State; Zip Code 5425 S. Padre Island Dr, Unit 151 Corpus Christi, TX 78411	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Name Badge (Plastic)	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

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 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 <i>Robert F. Vargas</i>	3 Filer ID (Ethics Commission Filers)
----------------------------	--------------------------------------	---------------------------------------

4 Date <i>2/22/18</i>	5 Payee name <i>Homer Villarreal</i>
-----------------------	--------------------------------------

6 Amount (\$) <i>\$200⁰⁰</i>	7 Payee address; City; State; Zip Code <i>608 Indiana Robstown, TX 78380</i>
---	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertisement:</i> <i>1) Radio Program 10-4</i> <i>2) EI Defense</i>	(b) Description <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
--	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED