

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: 9
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <u> </u> FIRST <u>Robert</u> MI <u>J.</u> NICKNAME _____ LAST <u>Vargas</u> SUFFIX _____	OFFICE USE ONLY Date Received FILED FOR RECORD AT <u>3:24p</u> M JAN 07 2019 KARA SANDS CLERK, COUNTY COURT, TARRANT COUNTY, TEXAS BY <u>[Signature]</u> DEPUTY Date Hand-delivered or Date Postmarked Receipt # _____ Amount \$ _____ Date Processed _____ Date Imaged _____	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>7029 Ashdown Dr, Corpus Christi, TX 78413</u> <u>P.O. Box 66, Corpus Christi, TX 78403</u>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(361) 993-8565</u>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR _____ FIRST <u>Henry</u> MI _____ NICKNAME _____ LAST <u>Casillas</u> SUFFIX _____		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>5456 S. Staples</u> <u>Corpus Christi, TX 78413</u>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(361) 855-1521</u>		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <u>11/27/2018</u> <u>12/31/2018</u>		
11 ELECTION	ELECTION DATE Month Day Year <u>11/06/18</u>	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) <u>Judge, County Court at Law #1</u>	13 OFFICE SOUGHT (if known)	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 2

14 JC/OH NAME

Robert J. Vargas

15 Filer 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

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

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)

\$ 1450

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 14,376.30

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

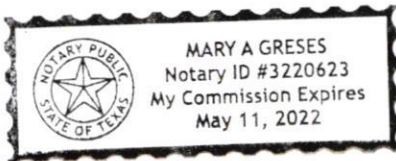
\$ 4276.47

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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.

Robert J. Vargas

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Robert J. Vargas, this the 7 day of JANUARY, 2019, to certify which, witness my hand and seal of office.

Maria Greeses

Signature of officer administering oath

Mary A. Greeses

Printed name of officer administering oath

Notary Public

Title of officer administering oath

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)	\$ 1450 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	\$ 14,376 ³⁸
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 FILER NAME <i>Robert J. Vargas</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>10/30/18</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Veronica Salais</i>	7 Amount of contribution (\$) <i>350⁰⁰</i>
6 Contributor address: _____ City: _____ State: _____ Zip Code _____ <i>7405 Trailcreek, Corpus Christi, TX</i>		
8 Contributor's principal occupation <i>Unknown</i>		9 Contributor's job title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any) <i>Law Offices of Scott Ellis</i>
12 If contributor is a child, law firm of parent(s) (if any)		

Date <i>10/30/18</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Amelia Zagliti</i>	Amount of contribution (\$) <i>\$250⁰⁰</i>
Contributor address: _____ City: _____ State: _____ Zip Code _____ <i>P.O. Box 270895, Corpus Christi, TX 78427</i>		
Contributor's principal occupation <i>Unknown</i>		Contributor's job title
Contributor's employer/law firm <i>Unknown</i>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

Date <i>10/30/18</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>James T. Clancy</i>	Amount of contribution (\$) <i>\$500⁰⁰</i>
Contributor address: _____ City: _____ State: _____ Zip Code _____ <i>124 Hawthorne Place, Portland, TX 78374</i>		
Contributor's principal occupation <i>Attorney</i>		Contributor's job title
Contributor's employer/law firm <i>Branscomb P.C.</i>		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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

2 FILER NAME

Robert F. Vargas

3 Filer ID (Ethics Commission Filers)

4 Date

11/5/18

5 Full name of contributor

Servando Caballero

out-of-state PAC ID#: _____

7 Amount of contribution (\$)

\$ 100

6 Contributor address;

4966 Walkmont Dr, Corpus Christi, TX 78412

City; State; Zip Code

8 Contributor's principal occupation

retired

9 Contributor's job title

10 Contributor's employer/law firm

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

11/5/18

Full name of contributor

Roben Lerma

out-of-state PAC ID#: _____

Amount of contribution (\$)

\$ 250⁰⁰

Contributor address;

4410 Dillon Lane, Suite 48
Corpus Christi, TX 78411

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

11/7/18

Full name of contributor

Pettus Advertising, IN

out-of-state PAC ID#: _____

Amount of contribution (\$)

refund
\$ 882³⁸

Contributor address;

101 W. Shoreline Blvd, Ste 200
Corpus Christi, TX 78401

City; State; Zip Code

Contributor's principal occupation

Advertising

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
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)
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4 Date <i>11/6/18</i>	5 Payee name <i>Facebook</i>
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6 Amount (\$) <i>\$900</i>	7 Payee address; City; State; Zip Code <i>www.Facebook.com</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Ads</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
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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>11/17/18</i>	Payee name <i>Facebook</i>
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Amount (\$) <i>44.92</i>	Payee address; City; State; Zip Code <i>www.Facebook.com</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Ads</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>12/6/18</i>	Payee name <i>Facebook</i>
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Amount (\$) <i>\$275.49</i>	Payee address; City; State; Zip Code <i>www.Facebook.com</i>
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PURPOSE OF EXPENDITURE <i>1220.45</i>	Category (See Categories listed at the top of this schedule) <i>Ads</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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 J. Vargas</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>10/29/18</i>	5 Payee name <i>Facebook</i>	
6 Amount (\$) <i>\$ 600</i>	7 Payee address; City; State; Zip Code <i>www.facebook.com</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Ads</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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>10/29/18</i>	Payee name <i>Facebook</i>	
Amount (\$) <i>\$ 900</i>	Payee address; City; State; Zip Code <i>www.facebook.com</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Ads</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>11/5/18</i>	Payee name <i>Facebook</i>	
Amount (\$) <i>\$ 900</i>	Payee address; City; State; Zip Code <i>www.facebook.com</i>	
PURPOSE OF EXPENDITURE <i>2400</i>	Category (See Categories listed at the top of this schedule) <i>Ads</i>	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 | 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>Robert F. Vargas</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>10/29/18</i>	5 Payee name <i>Pettus Advertising</i>
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6 Amount (\$) <i>9614⁸⁸</i>	7 Payee address; City; State; Zip Code <i>101 N Shoreline Blvd, Ste 200 Corpus Christi, TX 78401</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising services, web page construction</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
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>10/31/18</i>	Payee name <i>Grunwald Printing Co</i>
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Amount (\$) <i>54¹³</i>	Payee address; City; State; Zip Code <i>1418 Morgan Ave Corpus Christi, TX 78404</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>H frames box of 50</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>11/1/18</i>	Payee name <i>Digital Signs & Laminating</i>
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Amount (\$) <i>4581⁸⁴</i>	Payee address; City; State; Zip Code <i>P.O. Box 9431 Corpus Christi, TX 78469</i>
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PURPOSE OF EXPENDITURE <i>10,750.85</i>	Category (See Categories listed at the top of this schedule) <i>Vinyl sign removal from Bujano site</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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)
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4 Date <i>11/7/18</i>	5 Payee name <i>Buccanee Commission, Inc</i>
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6 Amount (\$) ⁰⁰ <i>950</i>	7 Payee address; City; State; Zip Code <i>1823 N. Chaparral St Corpus Christi, TX 78401</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Hole Sponsor sign Golf tournament</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
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>11/16/18</i>	Payee name <i>Law Office Bianca Medina-Rodriguez</i>
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Amount (\$) ⁰⁰ <i>1000</i>	Payee address; City; State; Zip Code <i>807 Craig St Corpus Christi, TX 78404</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>return of contribution - check 1222 9/14/18</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>12/6/18</i>	Payee name <i>NCDP-GOTV</i>
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Amount (\$) ⁰⁰ <i>250</i>	Payee address; City; State; Zip Code <i>2701 Morgan Ave, suite 600 Corpus Christi, TX 78405</i>
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PURPOSE OF EXPENDITURE <i>500</i>	Category (See Categories listed at the top of this schedule) <i>Xmas party donation</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED