

# 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 NAME	MS / MRS <input checked="" type="radio"/> MR FIRST: Robert LAST: Vargas MI: J. SUFFIX:	<b>OFFICE USE ONLY</b> Date Received <b>FILED FOR RECORD AT 10:24A M</b> <b>JUL 10 2019</b> KARA SANDS CLERK, COUNTY COURT, NECES COUNTY, TEXAS BY: <i>[Signature]</i> DEPUTY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 66 Corpus Christi, TX 78403		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: (361) PHONE NUMBER: 993-8565 EXTENSION:		
6 CAMPAIGN TREASURER NAME	MS / MRS <input checked="" type="radio"/> MR FIRST: Henry LAST: Casillas MI: SUFFIX:	Date Hand-delivered or Date Postmarked Receipt #      Amount \$ Date Processed Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 5756 5 Staples St Corpus Christi, TX 78413		
8 CAMPAIGN TREASURER PHONE	AREA CODE: (361) PHONE NUMBER: 855-1521 EXTENSION:		
9 REPORT TYPE	<input 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 checked="" 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 12 / 31 / 2018      06 / 30 / 19		
11 ELECTION	ELECTION DATE Month Day Year / /	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) Judge, Nueces County Court at Law #1	13 OFFICE SOUGHT (if known)	

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# 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

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 0

EXPENDITURE  
TOTALS

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 230<sup>00</sup>

CONTRIBUTION  
BALANCE

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

\$ 5656.47

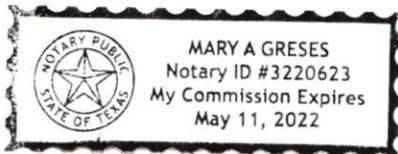
OUTSTANDING  
LOAN TOTALS

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

\$ 0

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.



AFFIX NOTARY STAMP / SEAL ABOVE

*Robert J. Vargas*  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Robert J. Vargas, this the 9 day of July, 2019, to certify which, witness my hand and seal of office.

*M.A. Grezes*

Signature of officer administering oath

Mary A. Grezes

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)		\$ <i>see form forty</i>
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		\$ <i>230<sup>00</sup></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 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 F. Vargas</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2/14/19</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>TEGNA (parent Co. K.III)</i>	7 Amount of contribution (\$) <i>\$ 1180<sup>00</sup> premium refund</i>
6 Contributor address; City; State; Zip Code <i>P.O. Box 730, Fishers, IN 46038-0730</i>		
8 Contributor's principal occupation <i>Parent Co. to Channel K.III</i>		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) <i>The amount reflects a premium refund for television commercials on Channel 3 bought during campaign for reelection</i>		
Date <i>3/27/19</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>RENE Flores</i>	Amount of contribution (\$) <i>\$ 200<sup>00</sup> - sale proceeds of campaign T-shirts &amp; tool to Mr. Flores</i>
Contributor address; City; State; Zip Code <i>400 MANN ST, Ste 908, Corpus Christi, TX 78401</i>		
Contributor's principal occupation <i>attorney</i>		Contributor's job title
Contributor's employer/law firm <i>Law Office of Rene Flores</i>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any) <i>The Amount reflects the sale proceeds of campaign T-shirts &amp; tool bought with campaign funds.</i>		
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 FILER NAME <i>Robert J. Vargas</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>6/28/19</i>	5 Payee name <i>Corpus Christi BAR Assn</i>
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6 Amount (\$) <i>150<sup>00</sup></i>	7 Payee address; City; State; Zip Code <i>555 N. Carancahua, Ste 260 Corpus Christi, TX 78401</i>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <i>Fees (Bar Dues)</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>6/28/19</i>	Payee name <i>U.S. Postal Service</i>
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Amount (\$) <i>80<sup>00</sup></i>	Payee address; City; State; Zip Code <i>802 N. Tancadua, Corpus Christi, TX 78401</i>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Postal Box rental fee</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	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	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
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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