

# 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 ACCOUNT # (Ethics Commission Filers) 2 Total pages filed:

<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR <input checked="" type="radio"/>	FIRST <i>Robert</i>	MI <i>J</i>	<b>OFFICE USE ONLY</b> Date Received <b>FILED FOR RECORD</b> AT <i>1:15</i> M <b>JUL 14 2014</b> Date Hand-delivered or Postmarked By <i>DEBRA BARRERA</i> Clerk, County Court, Nueces County, Texas Deputy Receipt # <i>Syamken</i> Amount Date Processed Date Imaged
NICKNAME LAST <i>Vargas</i>		SUFFIX		
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> change of address	ADDRESS / PO BOX: <i>7029 Ashdown Dr</i> APT / SUITE # CITY: STATE: ZIP CODE <i>Corpus Christi, Tx 78413</i>			
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE <i>(361)</i>	PHONE NUMBER <i>993-8565</i>	EXTENSION	
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR <input checked="" type="radio"/>	FIRST <i>Henry</i>	MI	
NICKNAME LAST <i>Casillas</i>		SUFFIX		

<b>7 CAMPAIGN TREASURER ADDRESS</b> (residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE <i>5250 Weber Road</i> <i>Corpus Christi, Tx 78411</i>				
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<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE <i>(361)</i>	PHONE NUMBER <i>855-1521</i>	EXTENSION
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<b>9 REPORT TYPE</b>	<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)			

<b>10 PERIOD COVERED</b>	Month Day Year <i>Jan / 15 / 2014</i>	THROUGH	Month Day Year <i>07 / 15 / 2014</i>
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<b>11 ELECTION</b>	ELECTION DATE Month Day Year / /	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special
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<b>12 OFFICE</b> OFFICE HELD (if any) <i>Judge, Nueces County Court at Law # ONE</i>	<b>13 OFFICE SOUGHT</b> (if known)
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# 2014-101

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM JC/OH COVER SHEET PG 2

14 C/OH NAME

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

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

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)

\$ 2100<sup>00</sup>

EXPENDITURE TOTALS

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

\$           

4. TOTAL POLITICAL EXPENDITURES

\$ 737<sup>00</sup>

CONTRIBUTION BALANCE

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

\$ 37,497.27

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.

*Robert J. Vargas*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Robert J. Vargas, this the 14 day of July, 20 14, to certify which, witness my hand and seal of office.

*M. Greeses*  
Signature of officer administering oath

Mary A. Greeses  
Print name of officer administering oath

Notary Public  
Title of officer administering oath

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

**SCHEDULE A (J)**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J):	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
3-4-2014	ANNE BUNTING 6 Contributor address; City; State; Zip Code 500 N. Shoreline Blvd, Ste 307 Corpus Christi, TX 78471	50 <sup>00</sup>	_____
9 Contributor's principal occupation		(If travel outside of Texas, complete Schedule T)	
Attorney		10 Contributor's job title	
11 Contributor's employer/law firm		12 Law firm of contributor's spouse (if any)	
BUNTING and BUNTING			
13 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 (\$)	In-kind contribution description (if applicable)
2-14-2014	Susan Ochoa Spiering Contributor address; City; State; Zip Code 4921 Williams Dr. Corpus Christi, TX 78411	50 <sup>00</sup>	_____
Contributor's principal occupation		(If travel outside of Texas, complete Schedule T)	
Attorney		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
Ochoa & Associates, P.C.			
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 (\$)	In-kind contribution description (if applicable)
2-28-2014	Hector R. Gonzalez Contributor address; City; State; Zip Code 5253 River Oaks Corpus Christi, TX 78413	1000 <sup>00</sup>	_____
Contributor's principal occupation		(If travel outside of Texas, complete Schedule T)	
Attorney		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
Hector R Gonzalez Law office			
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 CONTRIBUTIONS  
OTHER THAN PLEDGE OR LOANS (JUDICIAL)**

**SCHEDULE A (J)**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J):

2 FILER NAME

*Robert J. Vargas*

3 ACCOUNT # (Ethics Commission Filers)

4 Date

*4-29-2014*

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

*Charlie Webb, Benny Cason, Park Webb*

7 Amount of contribution (\$)

*1000<sup>00</sup>*

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

*710 North Mesquite St  
Corpus Christi, TX 78401*

(If travel outside of Texas, complete Schedule T)

9 Contributor's principal occupation

*A Attorney*

10 Contributor's job title

11 Contributor's employer/law firm

*Webb Cason, P.C.*

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

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

Date

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

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  out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

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)

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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	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	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:	2 FILER NAME <i>Robert J. Vargas</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <i>3-3-2014</i>	5 Payee name <i>U.S. Postal Service</i>	
6 Amount (\$) <i>37<sup>00</sup>-</i>	7 Payee address; City; State; Zip Code <i>P.O. Box 1088, 502 N. Tarcavia St Corpus Christi 78401</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Rental fee</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>P.O. Box 1088 rental</i>
9 Complete ONLY 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 (If travel outside of Texas, complete Schedule T)
Complete ONLY 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 (If travel outside of Texas, complete Schedule T)
Complete ONLY 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 (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
	Robert F. Vargas	
4 Date	5 Payee name	
01-23-2014	Nueces County I Believe in Me Foundation	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
250 <sup>00</sup>	1701 Thama Corpus Christi, TX 78412	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
	Event	Event sponsored for Annual Run walk event to stamp out Gangs
Date	Payee name	
02-27-2014	Hi Fairness Guts Club	
Amount (\$)	Payee address; City; State; Zip Code	
70 <sup>00</sup>	Corpus Christi, TX	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
	Advertising Expense	Ad in oldest Hispanic Agency Women of annual dance
Date	Payee name	
8-1-2014	Dr Hector P Garcia American GI Forum Day of Texas	
Amount (\$)	Payee address; City; State; Zip Code	
130 <sup>00</sup>	5302 Sugar Creek Corpus Christi, TX	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
	Event	Education Scholarship Event attendance
Date	Payee name	
5-23-2014	Voluntary Access to Justice Contribution	
Amount (\$)	Payee address; City; State; Zip Code	
150 <sup>00</sup>	Austin, TX Supreme Court of Texas	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
	Donation	Donation for use in legal services for indigent

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**NON-POLITICAL EXPENDITURES  
MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE I**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 6-18-2014	5 Payee name Women's Shelter of South Texas
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6 Amount (\$) 100 <sup>00</sup>	7 Payee address; City; State; Zip Code 425 So. Capitanahua Corpus Christi, TX 78401
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8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Donation	(b) Description (See instructions regarding type of information required.) contribution to battered women of
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
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