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	NICKNAME LAST	SUFFIX	Date Received
	Vargas		FILED FOR RECORD AT 2:31 M
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	1029 Ashdown D	CITY; STATE; ZIP CODE	JAN 1 3 2016
Change of Address	Corpus Christi, 1	784/3	CLERK COUNTY COURT, NUECES COUNTY TEXAS BY REMOVE OF THE SEPUTY
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (361) 993-8565	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN	MS / MRS MR	МІ	Receipt # Amount \$
TREASURER NAME	NICKNAME LAST	SUFFIX	Date Processed
	Casillas	5	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	5756 S. Staples Corpus Christi, T	Suite H	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (34/) 855-/52/	EXTENSION	
9 REPORT TYPE	January 15 30th day before		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 67/11/2015 THRE	OUGH 01/15	
11 ELECTION	ELECTION DATE Month Day Year Primary General	Description	
12 OFFICE	Tudge County Court as	13 OFFICE SOUGHT (if known	1)
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 2

14 JC/OH NAME		- 1,	15 Filer ID (Ethics Commission Filers)	
R	obert o	t. Vargas		
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		
	8	COMMITTEE CAMPAIGN TREASURER NAME		
Additional Davis				
Additional Pages		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS	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)		\$ 6	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$	
	4. TOTAL	POLITICAL EXPENDITURES	\$ /350 %	
CONTRIBUTION BALANCE	5. TOTAL P	DAY \$ 34440,19		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$			
18 AFFIDAVIT				
DIARY PUBLIC	144 DV 4 0 DF050		perjury, that the accompanying report is properties or matter required to be reported by me	
MARY A GRESES My Commission Expires May 11, 2018 May 11, 2018 Signature of Candidate or Officeholder				
AFFIX NOTARY STAMP/SEALABOVE				
Sworn to and subscribed before me, by the said Kobert J. VArgas (this the 13				
day of JAP way, 2016, to certify which, witness my hand and seal of office.				
My Clareses mary Alice Gress Wotany Hublic				
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 Commission Filers)
21	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	s \$ /350°
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTION	ons \$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT GARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF	DF C/OH \$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTION	ıs \$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNS TO FILER	\$ \$



POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		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)	
Great Card Payment	The Instruction Guide explain	s how to complete this form.		
1 Total pages Schedule F1:		Ivaja S	3 Filer ID (Ethics Commission Filers)	
4 Date 7-/6-/5	5 Payee name El Shaddai C	hunch		
6 Amount (\$)	1415 Morris St _ Corpus Christi, 17	p Code		
8 PURPOSE OF EXPENDITURE	(a) Category (spe Categories listed at the top of this so David Music Awa d Contribution/Biration	Check if travel or	utside of Texas. Complete Schedule T. n, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	Office held	
Date	Payee name		A CONTRACTOR OF THE STATE OF TH	
7-28-15	I Believe in Me			
Amount (\$)	Payee address: City: State: Zi Clo Athel Afthro Confus Christi Tr	ip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this so	Check if travel ou	otside of Texas. Complete Schedule T.	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
8-6-15	St John Paul II	Centurions		
Amount (\$)	Payee address; City: State; Zi 3036 Sanatogal P. Corpus Christe TK			
PURPOSE OF EXPENDITURE	Category (She Categories listed at the top of this so Adventising Expense Contribution of the	Check if travel ou	utside of Texas. Complete Schedule T. n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Loan Repayment/Rei Office Overhead/Rer Polling Expense pense Printing Expense Salaries/Wages/Cor	ntal Expense Trans Trave Trave	ation/Fundraising Expense portation Equipment & Related Expense I In District I Out Of District (enter a category not listed above)
Gredit Card Payment	The Instruction Guid	de explains how to complete		•
1 Total pages Schedule F1:	2 FILER NAME J.	Vargas	3 File	er ID (Ethics Commission Filers)
4 Date 9-16 - 17	5 Payee name London 15	D PTO		
6 Amount (\$)	7 Payee address; City; 1306 FM	State; Zip Code	// -	
100	Corpus Chy	137, 14 /89	15	
8	(a) Category (See Categories listed at the	top of this schedule) (b) De	escription	2
PURPOSE OF EXPENDITURE	Advertisins/		7	exas. Complete Schedule T. iceholder living expense
	Contribution/Dos	nohon		
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder nam	e Off	ice sought	Office held
Date	Payee name	<u> </u>		
10-14-15	Vishal Bhag	at Memorial 6	solf Tour	warent
Amount (\$)		State; Zip Code		
500	Portland, Tax	ar	•	
	Category (See Categories listed at the	top of this schedule) De	scription	
PURPOSE OF EXPENDITURE	Event Expense	/ =	Check if travel outside of Te Check if Austin, TX, office	a Armelian College am NA 121 (# a nn ng 164 (ann ann ann ann an ann an an ann an ann an a
	Contributor/12	onation		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder nam	e Off	ce sought	Office held
Date	Payee name			
11-23-15	LULAC Cor	incel # ON	-	
Amount (\$)	Payee address; City;	State; Zip Code		,, ,
200	Corpus Christi	,74		
PURPOSE OF EXPENDITURE	Category See Categories listed at the Ton Dow Finds Obertri butter Song	Ge Balders E	scription Check if travel outside of Te Check if Austin, TX, offi	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder nam	ne Off	ice sought	Office held
	ATTACH ADDITIONAL	COPIES OF THIS SCHED	ULE AS NEEDED	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

EXPENDITURE CATEGORIES FOR BOX 8(a)

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District
Candidate/Officeholder/Politica Credit Card Payment	1853 2007 - 1865 - 1865 - 1865 - 1865 - 1865 - 1865 - 1865 - 1865 - 1865 - 1865 - 1865 - 1865 - 1865 - 1865 - 1865	Salaries/Wages/Contract Labor plains how to complete this form.	Other (enter a category not listed above)
1 7 0		plains now to complete this form.	T
1 Total pages Schedule F1:	2 FILER NAME OF F	largas	3 Filer ID (Ethics Commission Filers)
4 Date 12-11-15	5 Payee name Women's Shelto		
6 Amount (\$)	7 Payee address; City; State	Ealua 78401	
8	(a) Category (See Categories) sted at the top of	f this schedule) (b) Description	
PURPOSE	X-mas Drive	Check if travel	outside of Texas. Complete Schedule T.
OF EXPENDITURE	Donator Contribu	Check if Aus	tin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name ,		
1-5-16	American Legion	Post 364	
Amount (\$)	Payee address; City: State	e; Zip Code	
50	5323 Kostoryz	1.TX 78415	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of Dinaham/Contribution	Check if travel of	outside of Texas. Complete Schedule T. in, TX, officeholder living expense
	X-MAT Party for No	redy Familier	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name	The state of the s	
1-7-16	Dr. Hector P.	Garcia Memi	rual Foundation
Amount (\$)	Payee address; City: State D. D. Box 10 80	e: Zip Code enting Planners, Inc	
1 30	Category (See Categories listed at the top of	f this schedule) Description	
PURPOSE OF EXPENDITURE	Birthday Luncheon Co	lebration Checkif travels	outside of Texas. Complete Schedule T. in, TX, officeholder Ilving expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit G/OF		Office sought	Office nera
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

EXPENDITURE CATEGORIES FOR BOX 8(a)