

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 / MR <input checked="" type="radio"/> FIRST Robert MI J. NICKNAME LAST SUFFIX Vargas	OFFICE USE ONLY Date Received <h2 style="margin: 0;">RECEIVED</h2> JUL 17 2017 KARA SANDS CLERK OF THE COUNTY COURT NUECES COUNTY, TEXAS Date Hand-delivered or Date Postmarked 9:20 A.M. Receipt # By Deirdre Amount \$ Date Processed Syambien Date Imaged	
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		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (361) 993-8565		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="radio"/> FIRST Henry MI NICKNAME LAST SUFFIX Casillas		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 5756 S. Staples, Suite A 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"/> 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 01 / 01 / 17 07 / 15 / 17		
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, 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

\$ 1252

CONTRIBUTION
BALANCE

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

\$ 31,658 ¹⁹/_{XX}

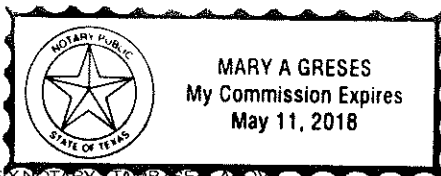
OUTSTANDING
LOAN TOTALS

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 5, 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 17 day of July, 20 17, to certify which, witness my hand and seal of office.

Mary 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**

<p>19 FILER NAME <i>Robert J. Vargas</i></p>	<p>20 Filer ID (Ethics Commission Filers)</p>
<p>21 SCHEDULE SUBTOTALS NAME OF SCHEDULE</p>	<p>SUBTOTAL AMOUNT</p>
<p>1. <input type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)</p>	<p>\$</p>
<p>2. <input type="checkbox"/> SCHEDULE A2 : NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS</p>	<p>\$</p>
<p>3. <input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)</p>	<p>\$</p>
<p>4. <input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)</p>	<p>\$</p>
<p>5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS</p>	<p>\$ <i>1252</i></p>
<p>6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS</p>	<p>\$</p>
<p>7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS</p>	<p>\$</p>
<p>8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD</p>	<p>\$</p>
<p>9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS</p>	<p>\$</p>
<p>10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH</p>	<p>\$</p>
<p>11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS</p>	<p>\$</p>
<p>12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER</p>	<p>\$</p>

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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	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>1-11-17</i>		5 Payee name <i>Corpus Christi Bar Assn</i>			
6 Amount (\$) <i>\$30⁰⁰</i>		7 Payee address; City; State; Zip Code <i>555 N. Carancahua Suite 260 Corpus Christi, TX 78401</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <i>Event Expense/Food beverage (Bar Luncheon)</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>2-24-17</i>		Payee name <i>Nueces Co. Democratic Party</i>			
Amount (\$) <i>100⁰⁰</i>		Payee address; City; State; Zip Code <i>2701 Morgan #600 Corpus Christi, TX 78405</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Event Expense/ Contribution/Waffle breakfast</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>3-23-17</i>		Payee name <i>Coastal Bend Women's Lawyers Luncheon</i>			
Amount (\$) <i>55⁰⁰</i>		Payee address; City; State; Zip Code <i>Corpus Christi, TX</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Luncheon, Donation, Event</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
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>5-4-17</i>	5 Payee name <i>American G.I. Forum of So. Texas</i>	
6 Amount (\$) <i>650⁰⁰</i>	7 Payee address; City; State; Zip Code <i>P.O. Box 10802 Corpus Christi, TX 78460</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Banquet table, Event: Education for Veterans</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
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Date <i>5/8/17</i>	Payee name <i>Wells Fargo Bank</i>	
Amount (\$) <i>3⁰⁰</i>	Payee address; City; State; Zip Code <i>572 N. Tancanhua St Corpus Christi, TX 78401</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Bank charges for temporary checks</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
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Date <i>5-25-17</i>	Payee name <i>U.S. Postal Service</i>	
Amount (\$) <i>64</i>	Payee address; City; State; Zip Code <i>802 N. Tancanhua St Corpus Christi, TX 78403</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>rental P.O. box</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
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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	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)	
4 Date <i>6-5-17</i>	5 Payee name <i>Clerk, Sup. Ct of Texas</i>		
6 Amount (\$) <i>200⁰⁰</i>	7 Payee address; City; State; Zip Code <i>Austin, TX</i>		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>D. Voluntary Account Justice 150⁰⁰</i> <i>2. Judicial section dues \$50⁰⁰</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
Date <i>6-27-17</i>	Payee name <i>CC Bar Assoc</i>		
Amount (\$) <i>150</i>	Payee address; City; State; Zip Code <i>555 N. Carancahua St, Suite 260 Corpus Christi, TX 78401</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Bar Dues</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
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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought

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