CARLOS H. CASCOS

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:			
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST Anlos	мі Д.	OFFICE USE ONLY			
NAME	NICKNAME LAST	SUFFIX	Date Received			
	CASCOC		CAMPROMODULE			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; 765 E. 7 th	CITY; STATE; ZIP CODE	CAMERON COUNTY DEPARTMENT OF ELECTIONS & VOTER REGISTRATION C: OF JAN 0.5 2018			
Change of Address	Brewnsville, Tx	78520	CAP JAN 05 2018			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (90) 51/4-77	extension	RECEIVED			
6 CAMPAIGN	MS / MRS / MR) FIRST	MI	Receipt # Amount \$			
TREASURER NAME	Cholos	Å.	Date Processed			
	NICKNAME LAST (A5cos.	SUFFIX	Date Imaged			
7 CAMPAIGN		7 / SUITE #; CITY; STATE;	ZIP CODE			
TREASURER ADDRESS	745 E. 7+5					
(Residence or Business).	Brownsville.	The dues of				
	bruwnsville,	1 × 183 20				
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (912) 544-77	EXTENSION				
9 REPORT TYPE	January 15 30th day before July 15 8th day before		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)			
10 PERIOD	Month Day Year	Month	Day Year			
COVERED	07/01/17 THROUGH 12/31/17					
11 ELECTION	ELECTION DATE	ELECTION TYPE	:			
	Month Day Year	Description				
	, ,					
12 OFFICE	OFFICE HELD (If any)	13 OFFICE SOUGHT (If knowl				
	N/A	CAMERIN C	loung Judge			
GO TO PAGE 2						

www.ethics.state.tx.us

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	Cun los 1	L. CASCOS	5 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			
Additional Pages					
_		COMMITTEE CAMPAIGN TREASURER ADDRESS			
47 CONTRIBUTION					
17 CONTRIBUTION TOTALS		OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAI S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE			
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1.000		
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS,	\$ —		
	4. TOTAL	POLITICAL EXPENDITURES	\$ 1.250		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD		\$ 58,403. ²¹		
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TI LY OF THE REPORTING PERIOD	#E \$		
18 AFFIDAVIT			1111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 11		
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. My Commission Expires January 13, 2018					
		Signature of Cand	idate or Officeholder		
AFFIX NOTARY STAMP / SEALABOVE					
Sworn to and subscribed before me, by the said <u>Carlos H. Cascos</u> , this the <u>4th</u>					
day of <u>January</u> , 20 <u>18</u> , to certify which, witness my hand and seal of office.					
<u> Y VINNL & Si</u> Signature of officer a		YVOnne L. Saavedra Printed name of officer administering oath	Notary Public Title of officer administering oath		
-	-	-			

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME CHATOS H. CASCOS 20 Filer ID (Ethics Ca	ommission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1.000
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1.250
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME out-of-state PAC (ID#:_____) 4 Date 7 Amount of contribution (\$) LDUNAN SERA FY 6 Contributor address; 1.000 1521 Los Sabales Brawnsu. 11e, Tx78 523 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor ___ out-of-state PAC (ID#:____ Date Amount of contribution (\$) City; State; Zip Code Contributor address; Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Contributor address; City, State; Zip Code mployer (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:_ City; State; Zip Code Contributor address; Principal occupation / Job title (See Instructions) Employer (See Instructions) 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/Donattons Made By
Candidate/Officeholder/Political Committee

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)

Credit Card Payment	The Instruction Guide explains how	to complete this form.	Onlor (or not a category not hold above)		
1 Total pages Schedule F1:	2 FILER NAME CANOS H. CASCOS		3 Filer ID (Ethics Commission Filers)		
4 Date	E Payee name	11 01			
11/22/17	T Payee address; City; State; 20 Coo	blica Marty			
6 Amount (\$)	7 Payee address; City; State; Z46 Coo	de /			
1,250	41 M. Coria Bromsville. Tx 78520				
8 a.	(a) Category (See Categories listed at the top of this schedule				
PURPOSE OF	Filingfee	<u> </u>	utside of Texas. Complete Schedule T. 1, TX, officeholder living expense		
EXPENDITURE	3.	Olleck ii Adaili	i, 17, oliteriolder living expense		
		:			
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/OF	+ CANLOS A. CASCOS	CHMERON Country.	Lan NONE		
Date ,	Payee name		V		
Amount (\$)	Payee address; City; State; Zip Coo	40			
Amodili (φ)	rayee address, City, State, Zip Oot	JG			
	Category (See Categories listed at the top of this schedule) Description			
PURPOSE	URPOSE Check if travel outside of Texas. Complete Schedule T		tside of Texas. Complete Schedule T.		
OF \ EXPENDITURE \		Check if Austin	, TX, officeholder living expense		
\					
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/OF	•	v			
Date	Payee name				
Amount (\$)	Payee address; City; State, Zip Coo	de			
	Category (See Categories listed at the top of this schedule) Description			
PURPOSE OF		l 1	tside of Texas. Complete Schedule T.		
EXPENDITURE	Check if Austin, TX, officeholder living expense				
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/OF	ı				
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NEE	DED		