

**Carlos  
Casco**

COPY

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 10
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Carlos	FIRST Carlos	MI / A.
	NICKNAME	LAST	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #;	CITY;	STATE; ZIP CODE
	765 E 7th Brownsville, Tx 78520		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(956)	544-7778	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Carlos	FIRST Carlos	MI / A.
	NICKNAME	LAST	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
	Same		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(956)	544-7778	
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 type="checkbox"/> July 15 <input checked="" type="checkbox"/> 6th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month	Day	Year
	10	7	18
		THROUGH	Month Day Year
			10 / 29 / 18
11 ELECTION	ELECTION DATE		
	Month Day Year	ELECTION TYPE	
11 / 6 / 18	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description		
		<input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)		
	None		
13 OFFICE SOUGHT (if known)		Cameron City Judge	

**OFFICE USE ONLY**

Date Received

CAMERON COUNTY DEPARTMENT OF ELECTIONS & VOTER REGISTRATION

a: 200m OCT 30 2018

RECEIVED

BY: Judith

Date Hand-delivered or Date Postmarked

Receipt #	Amount \$
Date Processed	
Date Imaged	

GO TO PAGE 2

COPY

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME Carlos Cascos 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

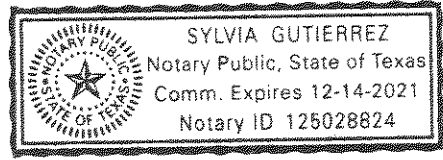
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		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	\$ 50.
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6,599. <sup>21</sup>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 29,407. <sup>05</sup>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 15,320. ✓
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.

*[Handwritten Signature]*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Carlos Cascos, this the 30th day of October, 2018, to certify which, witness my hand and seal of office.

*[Handwritten Signature]* Sylvia Gutierrez Notary Public  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME <i>Carlos Casco</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 6599. <sup>21</sup>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 29407. <sup>05</sup>
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

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

5

2 FILER NAME

Carlos Casco

3 Filer ID (Ethics Commission Filers)

4 Date

9/18

5 Full name of contributor

H.A. Houston

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

7 Amount of contribution (\$)

200.

6 Contributor address;

City; State; Zip Code

PO Box 2368 SPI, TX 78597

8 Principal occupation / Job title (See Instructions)

Construction

9 Employer (See Instructions)

SELF

Date

9/18

Full name of contributor

Mandy Tony Mantzoff

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

Amount of contribution (\$)

200.

Contributor address;

City; State; Zip Code

7606 Indiana Dr. #300 Lubbock, TX 79423

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/18

Full name of contributor

Rebecca Seales

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

Amount of contribution (\$)

~~1149.21~~  
1149.21

Contributor address;

City; State; Zip Code

PO Box 7 Humble, TX 75878

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/18

Full name of contributor

Nancy Ostas

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

Amount of contribution (\$)

400.

Contributor address;

City; State; Zip Code

1100 Beach Blvd Laguna Vista, TX 78576

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

n/a

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 5

2 FILER NAME

Carlos Casco

3 Filer ID (Ethics Commission Filers)

4 Date

9/18

5 Full name of contributor

Joyce / Barry Booth

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

7 Amount of contribution (\$)

200.

6 Contributor address; City; State; Zip Code

21175 FM 2552 Santa Rosa, TX 78593

8 Principal occupation / Job title (See Instructions)

RETIRED

9 Employer (See Instructions)

N/A

Date

10/18

Full name of contributor

COASTA Auto Service (JS Zamora)

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

Amount of contribution (\$)

100.

Contributor address; City; State; Zip Code

Po Box 667 Port Isabel, TX 78578

Principal occupation / Job title (See Instructions)

Auto repair

Employer (See Instructions)

SELF

Date

9/18

Full name of contributor

Ellen Snyder

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

Amount of contribution (\$)

100.

Contributor address; City; State; Zip Code

601 1st St Port Isabel, TX 78578

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

N/A

Date

9/18

Full name of contributor

Richard Hinojosa

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

Amount of contribution (\$)

100.

Contributor address; City; State; Zip Code

3013 Ebony Dr Laguna Vista, TX 78578

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

N/A

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 3

2 FILER NAME

Carlos Casco

3 Filer ID (Ethics Commission Filers)

4 Date

9/18

5 Full name of contributor

David Friedman

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

7 Amount of contribution (\$)

1000

6 Contributor address;

City; State; Zip Code

501 E. Main Port Isabel, TX 78578

8 Principal occupation / Job title (See Instructions)

Restauranteur ~~Real Estate~~

9 Employer (See Instructions)

~~Baham Realty~~ Sen Rand Ross SPI

Date

10/18

Full name of contributor

Connie de la Garza

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

Amount of contribution (\$)

300

Contributor address;

City; State; Zip Code

2814 lotus Harlingen, TX 78550

Principal occupation / Job title (See Instructions)

Real Estate

Employer (See Instructions)

Baham Realty

Date

10/18

Full name of contributor

Matt George

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

Amount of contribution (\$)

200

Contributor address;

City; State; Zip Code

1275 N. Stuart Pl Rd Harlingen, TX 78552

Principal occupation / Job title (See Instructions)

Investment

Employer (See Instructions)

SELF

Date

10/18

Full name of contributor

Robert Dunkin

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

Amount of contribution (\$)

100

Contributor address;

City; State; Zip Code

410 Retama Harlingen, TX 78550

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

N/A

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 5

2 FILER NAME

Carlos Casco

3 Filer ID (Ethics Commission Filers)

4 Date

10/18

5 Full name of contributor

Richard Butler

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

7 Amount of contribution (\$)

500

6 Contributor address;

City; State; Zip Code

505 LAKE DR. ARLING, TX 78550

8 Principal occupation / Job title (See Instructions)

RETIRED

9 Employer (See Instructions)

N/A

Date

10/18

Full name of contributor

Condy/Richard B. Bix

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

Amount of contribution (\$)

350

Contributor address;

City; State; Zip Code

2817 Cypress Dr. ARLING, TX 78550

Principal occupation / Job title (See Instructions)

ATTY

Employer (See Instructions)

SELF

Date

10/18

Full name of contributor

Hispanic Rep of TX

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

Amount of contribution (\$)

500

Contributor address;

City; State; Zip Code

PO Box 28881 Austin, TX 78753

Principal occupation / Job title (See Instructions)

PAC

Employer (See Instructions)

N/A

Date

10/18

Full name of contributor

Fuente Del Rio Mgt LLC

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

Amount of contribution (\$)

500

Contributor address;

City; State; Zip Code

923 S. 77 Sunshine Strip ARLING, TX 78550

Principal occupation / Job title (See Instructions)

R/E Investments

Employer (See Instructions)

N/A

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 5

2 FILER NAME Carlos Casco

3 Filer ID (Ethics Commission Filers)

4 Date 10/18

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
John/Ann Phillips

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code  
222 E. Austin Hulinga, Tx 78550

100.

8 Principal occupation / Job title (See Instructions)

Retiree

9 Employer (See Instructions)

N/A

Date

10/18

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

Carmen Gonzaly - Cruz

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
25910 FM 510 San Benito, Tx 78586

250.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/18

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

Michael Scariel

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
Po Box 1064 San Benito, Tx 78586

300.

Principal occupation / Job title (See Instructions)

Banker/Investments

Employer (See Instructions)

SELF

Date

10/18

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

Francie/Rebecca Stealer

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
Po Box 27 Port Isabel TX 78576

200.

Principal occupation / Job title (See Instructions)

Retiree

Employer (See Instructions)

N/A

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 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: <b>2</b>	2 FILER NAME <b>Carlos Casco</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>10/18</b>	5 Payee name <b>Pink Age Consulting</b>	
6 Amount (\$) <b>13,700</b>	7 Payee address; City; State; Zip Code <b>3101 Ardo Kiss STEB-4 Brownsville, TX 78520</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Consulting</b>	(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 <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: <b>Carlos Casco</b> Office sought: <b>Cam cam Judge</b> Office held: <b>None</b>	
Date <b>10/18</b>	Payee name <b>Border Press</b>	
Amount (\$) <b>7029.95</b>	Payee address; City; State; Zip Code <b>420 E. Price Rd Brownsville, TX 78521</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Printing</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: <b>Carlos Casco</b> Office sought: <b>Cam cam Judge</b> Office held: <b>None</b>	
Date <b>10/18</b>	Payee name <b>Brownsville Herald</b>	
Amount (\$) <b>8,400</b>	Payee address; City; State; Zip Code <b>1135 E. Van Buren Brownsville, TX 78520</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: <b>Carlos Casco</b> Office sought: <b>Cam cam Judge</b> Office held: <b>None</b>	

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 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: <b>2</b>	2 FILER NAME <b>Carlos Carcon</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>10/18</b>	5 Payee name <b>Fiesta Graphics</b>
------------------------	--

6 Amount (\$) <b>277.12</b>	7 Payee address; City; State; Zip Code <b>205 Pareles line ds Brownsville TX 78521</b>
--------------------------------	---

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Advertising shirts</b>	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Carlos Carcon</b>	Office sought <b>City Judge</b>	Office held <b>None</b>
--	---	------------------------------------	----------------------------

Date	Payee name
------	------------

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
-------------------------------	--	---

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
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

<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
-------------------------------	--	---

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