

# **Carlos Casco**

# 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: <b>26</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>Carlos H.</b> FIRST MI	<b>OFFICE USE ONLY</b> Date Received <b>CAMERON COUNTY DEPARTMENT OF ELECTIONS &amp; VOTER REGISTRATION</b> <b>OCT 08 2018</b> RECEIVED BY: <i>[Signature]</i>	
	NICKNAME LAST SUFFIX <b>CASCOS</b>		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>765 E. 9th Brownsville, Tx 78520</b>		
<input type="checkbox"/> Change of Address			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(956) 544-7778</b>	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <b>Carlos H.</b> FIRST MI	Receipt # Amount \$	
	NICKNAME LAST SUFFIX <b>CASCOS</b>	Date Processed	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>Same as above</b>	Date Imaged	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(956) 544-7778</b>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 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    Month Day Year <b>07 / 01 / 18</b> THROUGH <b>10 / 6 / 18</b>		
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year <b>11 / 6 / 18</b>	<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) <b>None</b>	13 OFFICE SOUGHT (if known) <b>Cameron County Judge</b>	

GO TO PAGE 2

# 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.

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

\$ 195

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 49,680

EXPENDITURE  
TOTALS

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

\$ 487

4. TOTAL POLITICAL EXPENDITURES

\$ 63,949.37

CONTRIBUTION  
BALANCE

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

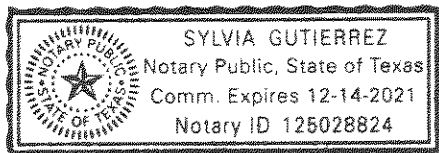
\$ 38,133.84

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.

*Carlos H. Cascos*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Carlos H. Cascos, this the 8th day of October, 20 18, to certify which, witness my hand and seal of office.

*Sylvia Gutierrez*

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		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 49,485
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	\$ 63462.37
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: 18

2 FILER NAME

Carlos Cuscos

3 Filer ID (Ethics Commission Filers)

4 Date

6/18

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

FRANK BOGGYUS

7 Amount of contribution (\$)

3,000 -

6 Contributor address; City; State; Zip Code

P.O. Box 1111 Harlingen, TX 78551

8 Principal occupation / Job title (See Instructions)

RETIRED

9 Employer (See Instructions)

N/A

Date

6/18

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

John Hayward

Amount of contribution (\$)

250 -

Contributor address; City; State; Zip Code

300 Garcia #6 Port Isabel, TX 78378

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

SELF

Date

6/18

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

Robert Dunkin

Amount of contribution (\$)

100 -

Contributor address; City; State; Zip Code

410 Retama Harlingen, TX 78550

Principal occupation / Job title (See Instructions)

Banker

Employer (See Instructions)

Community Bank

Date

6/18

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

Angela Edwards

Amount of contribution (\$)

100 -

Contributor address; City; State; Zip Code

72 Canterbury Cir E Longmeadow MA 01028

Principal occupation / Job title (See Instructions)

Investments

Employer (See Instructions)

SELF

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: 18

2 FILER NAME Carlos Casco

3 Filer ID (Ethics Commission Filers)

4 Date  
6/18

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

Daniel / Casandra Ortiz  
6 Contributor address; City; State; Zip Code

210 Pipers San Antonio, Tx 78209

7 Amount of contribution (\$)  
3,000

8 Principal occupation / Job title (See Instructions)

Attorney

9 Employer (See Instructions)

Brown Ortiz

Date  
6/18

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

Norman Adams  
Contributor address; City; State; Zip Code

918 Drane Ct. Houston, Tx 77008

Amount of contribution (\$)  
3,000

Principal occupation / Job title (See Instructions)

Business

Employer (See Instructions)

SELF

Date  
6/18

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

Robert Baird  
Contributor address; City; State; Zip Code

8847 Van Ellen Dr. The Woodlands, Tx 77381

Amount of contribution (\$)  
100

Principal occupation / Job title (See Instructions)

Health Services

Employer (See Instructions)

SELF

Date  
6/18

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

Gary / Janet Mesch  
Contributor address; City; State; Zip Code

2812 Paseo Blue SPI TX 78597

Amount of contribution (\$)  
1,000

Principal occupation / Job title (See Instructions)

Business owner

Employer (See Instructions)

SELF

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: <u>18</u>
2 FILER NAME <u>Carlos Cascos</u>		3 Filer ID (Ethics Commission Filers)
4 Date <del>2/18</del> 6/18	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Todd/Eva Compton</u> 6 Contributor address; City; State; Zip Code <u>6514 Jade Trail San Antonio TX 78249</u>	7 Amount of contribution (\$) <u>280</u>
8 Principal occupation / Job title (See Instructions) <u>Business</u>		9 Employer (See Instructions) <u>SELF</u>
Date 6/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Wm Peacock</u> Contributor address; City; State; Zip Code <u>Po Box 530098 Arlington TX 78553</u>	Amount of contribution (\$) <u>280</u>
Principal occupation / Job title (See Instructions) <u>Construction</u>		Employer (See Instructions) <u>SELF</u>
Date 6/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Antonio/Gracie Gonzalez</u> Contributor address; City; State; Zip Code <u>98 Shoreline Brownsville TX 78520</u>	Amount of contribution (\$) <u>500</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 7/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Morises/Maricela Gomez</u> Contributor address; City; State; Zip Code <u>8 Summit Dr Brownsville TX 78521</u>	Amount of contribution (\$) <u>280</u>
Principal occupation / Job title (See Instructions) <u>CPA</u>		Employer (See Instructions) <u>SELF</u>
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 18

2 FILER NAME Carlos Cascos

3 Filer ID (Ethics Commission Filers)

4 Date  
7/18

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
JRT Group in Texas

7 Amount of contribution (\$)  
2,000

6 Contributor address; City; State; Zip Code  
1039 Estrellas Ave Ranchos Viejo, TX 78157

8 Principal occupation / Job title (See Instructions)  
Real Estate

9 Employer (See Instructions)  
SELF

Date  
7/18

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

Amount of contribution (\$)  
500

Contributor address; City; State; Zip Code  
25 Wild Horse Branch, IL, TX 78120

Principal occupation / Job title (See Instructions)  
Retired

Employer (See Instructions)  
SELF N/A

Date  
7/18

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

Amount of contribution (\$)  
145

Contributor address; City; State; Zip Code  
5009 Palu Blvd SPI, TX 78597

Principal occupation / Job title (See Instructions)  
Business

Employer (See Instructions)  
SELF

Date  
7/18

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Albino / Lourdes Carrasco

Amount of contribution (\$)  
2,000

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)  
Alarms / Investments

Employer (See Instructions)  
DPS

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: 18

2 FILER NAME Carlos Curcos

3 Filer ID (Ethics Commission Filers)

4 Date 7/18

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

Jose/Sharon Rodriguez  
6 Contributor address; City; State; Zip Code

25337 Pennsylvania Ave. San Benito, Tx 78080

7 Amount of contribution (\$) 500

8 Principal occupation / Job title (See Instructions) Retired

9 Employer (See Instructions) Retired N/A

Date 7/18

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

Nora Castaneda  
Contributor address; City; State; Zip Code

2806 Becky Lane Harlingen, Tx 78552

Amount of contribution (\$) 200

Principal occupation / Job title (See Instructions) Sales

Employer (See Instructions)

Date 7/18

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

Angie Gonzales  
Contributor address; City; State; Zip Code

Po Box 866 Harlingen, Tx 78551

Amount of contribution (\$) 50

Principal occupation / Job title (See Instructions) Retired

Employer (See Instructions)

Date 7/18

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

Gustavo Candenas  
Contributor address; City; State; Zip Code

Po Box 2488 Austin, Tx 78761

Amount of contribution (\$) 100

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: 18

2 FILER NAME Charles Casco

3 Filer ID (Ethics Commission Filers)

4 Date  
7/18

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Earl / Shara Batterson  
6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$)  
50 -

1501 N. Loop 499 #572 Haltom, TX 78550

8 Principal occupation / Job title (See Instructions)  
Retired

9 Employer (See Instructions)  
N/A

Date  
7/18

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
David Hall  
Contributor address; City; State; Zip Code

Amount of contribution (\$)  
2,000

1317 E. Filmore Haltom, TX 78550

Principal occupation / Job title (See Instructions)  
Insurance

Employer (See Instructions)  
SELF

Date  
7/18

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
William / Janet Balogh  
Contributor address; City; State; Zip Code

Amount of contribution (\$)  
280 -

601 Palm Blvd Laguna Vista, TX 78570

Principal occupation / Job title (See Instructions)  
Retired

Employer (See Instructions)  
N/A

Date  
7/18

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Steve Bearden  
Contributor address; City; State; Zip Code

Amount of contribution (\$)  
150 -

601 Kiesler Lane La Feria, TX 78559

Principal occupation / Job title (See Instructions)  
Business

Employer (See Instructions)  
SELF

**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: <b>18</b>
2 FILER NAME <b>Carlos Casco</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>8/18</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Alejandro Hinojosa Jr.</b> 6 Contributor address; City; State; Zip Code <b>5009 Palm Valley Dr. Harlingen, Tx 78552</b>	7 Amount of contribution (\$) <b>3,000</b>
8 Principal occupation / Job title (See Instructions) <b>Business owner</b>		9 Employer (See Instructions) <b>Hino Gas</b>
Date <b>8/18</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Michael W. Frizzell</b> Contributor address; City; State; Zip Code <b>1637 los Ebanos Brownsville, Tx 78520</b>	Amount of contribution (\$) <b>145</b>
Principal occupation / Job title (See Instructions) <b>Driver</b>		Employer (See Instructions) <b>UPS</b>
Date <b>8/18</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Santiago Jimmy Sanchez</b> Contributor address; City; State; Zip Code <b>24385 W US Highway 281 San Benito Tx 78586</b>	Amount of contribution (\$) <b>2,000</b>
Principal occupation / Job title (See Instructions) <b>Agriculture / Seeds Co.</b>		Employer (See Instructions) <b>SELF</b>
Date <b>8/18</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Marceline Rickett</b> Contributor address; City; State; Zip Code <b>4954 Lakeway Brownsville, Tx 78520</b>	Amount of contribution (\$) <b>280</b>
Principal occupation / Job title (See Instructions) <b>Pharmacist</b>		Employer (See Instructions) <b>S- Clinics Familiar</b>

**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: 18

2 FILER NAME Carlos Casco

3 Filer ID (Ethics Commission Filers)

4 Date  
7/18

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

7 Amount of contribution (\$)  
2.000

6 Contributor address; City; State; Zip Code  
78 Ray Ave Brownsville, TX 78521

8 Principal occupation / Job title (See Instructions)  
Retired

9 Employer (See Instructions)  
N/A

Date  
8/18

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

Amount of contribution (\$)  
280

Contributor address; City; State; Zip Code  
155 Winterhaven Brownsville, TX 78520

Principal occupation / Job title (See Instructions)  
Retired

Employer (See Instructions)  
N/A

Date  
8/18

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

Amount of contribution (\$)  
140

Contributor address; City; State; Zip Code  
2001 W. Malison Brownsville, TX 78520

Principal occupation / Job title (See Instructions)  
Retired

Employer (See Instructions)  
N/A

Date  
8/18

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Antonio Tabin Jr.

Amount of contribution (\$)  
140

Contributor address; City; State; Zip Code  
2001 W. Malison Brownsville, TX 78520

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: <b>18</b>
2 FILER NAME <b>Carlos Casco</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>8/18</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Horacio Daviera</b> 6 Contributor address; City; State; Zip Code <b>80 Acacia Brownsville, TX 78521</b>	7 Amount of contribution (\$) <b>3,000</b>
8 Principal occupation / Job title (See Instructions) <b>Attorney</b>		9 Employer (See Instructions) <b>SELF</b>
Date <b>8/18</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Hodge &amp; James LLP</b> Contributor address; City; State; Zip Code <b>Po Box 534329 Harlingen, TX 78553</b>	Amount of contribution (\$) <b>280</b>
Principal occupation / Job title (See Instructions) <b>Attorney Law Firm</b>		Employer (See Instructions)
Date <b>8/18</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Pender, Brandon, Fielder Collins Mott LLP</b> Contributor address; City; State; Zip Code <b>1235 N. Loop W. STE 600 Houston, TX 77002</b>	Amount of contribution (\$) <b>2,000</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>8/18</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Elizabeth Marvell</b> Contributor address; City; State; Zip Code <b>29227 Orange Grove Rd. La Feria, TX 78559</b>	Amount of contribution (\$) <b>425</b>
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions) <b>N/A</b>
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **18**

2 FILER NAME: **Carlos Casco**

3 Filer ID (Ethics Commission Filers)

4 Date: **8/18**

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

7 Amount of contribution (\$): **600**

**Jennifer Lewis**

6 Contributor address; City; State; Zip Code

**PO Box 2501 SPI TX 78557**

8 Principal occupation / Job title (See Instructions): **Restaurant / Business**

9 Employer (See Instructions): **SELF**

Date: **8/18**

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

Amount of contribution (\$):

**Isaura/Catalina Farías**

Contributor address; City; State; Zip Code

**15 Valladolid Brownsville, TX 78526**

**280**

Principal occupation / Job title (See Instructions): **Retired**

Employer (See Instructions): **n/a**

Date: **8/18**

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

Amount of contribution (\$):

**Robert / Ischael Vezetti**

Contributor address; City; State; Zip Code

**207 Creek Bend Brownsville, TX 78521**

**300**

Principal occupation / Job title (See Instructions): **Retired**

Employer (See Instructions): **n/a**

Date: **8/18**

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

Amount of contribution (\$):

**Billy / Sandra Maxwell**

Contributor address; City; State; Zip Code

**3475 Barton Dr. Brownsville, TX 78521**

**300**

Principal occupation / Job title (See Instructions): **Automochai**

Employer (See Instructions): **Maxwells Diesel Service**

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: <b>18</b>
2 FILER NAME <b>Carlos Casco</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>8/18</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>James E. Burkholder DDS PA</b> 6 Contributor address; City; State; Zip Code <b>1122 E. Tyler Ave Harlingen Tx 78550</b>	7 Amount of contribution (\$) <b>200</b>
8 Principal occupation / Job title (See Instructions) <b>Dentist</b>		9 Employer (See Instructions) <b>SELF</b>
Date <b>8/18</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>James Fulton</b> Contributor address; City; State; Zip Code <b>Po Box 2501 SPI TX 78597</b>	Amount of contribution (\$) <b>300</b>
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions) <b>N/A</b>
Date <b>8/18</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>John Brennan Ventures</b> Contributor address; City; State; Zip Code <b>Po Box 3817 Brownsville, Tx 78523</b>	Amount of contribution (\$) <b>2,000</b>
Principal occupation / Job title (See Instructions) <b>Investments</b>		Employer (See Instructions) <b>SELF</b>
Date <b>8/18</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Simon / Ericka Soto</b> Contributor address; City; State; Zip Code <b>Po Box 4931 Brownsville, Tx 78523</b>	Amount of contribution (\$) <b>435</b>
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions) <b>SELF</b>

**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: **18**

2 FILER NAME **Carlos Casco**

3 Filer ID (Ethics Commission Filers)

4 Date **2/18**

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

**Parra Loan Co.**

6 Contributor address; City; State; Zip Code

**744 E. Washington Brussels, TX 78520**

7 Amount of contribution (\$) **425.**

8 Principal occupation / Job title (See Instructions) **Lawyer**

9 Employer (See Instructions) **SELF**

Date **8/18**

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

**Abel/Maria Hinojosa**

Contributor address; City; State; Zip Code

**4 Pizarro Rancho Viejo, TX 78575**

Amount of contribution (\$) **280.**

Principal occupation / Job title (See Instructions) **Attorney**

Employer (See Instructions) **SELF**

Date **2/18**

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

**Jaime Tijerina**

Contributor address; City; State; Zip Code

**4109 Whiteway Ave. McAllen, TX 78501**

Amount of contribution (\$) **280**

Principal occupation / Job title (See Instructions) **Judge**

Employer (See Instructions) **Hidalgo Co.**

Date **2/18**

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

**Ernest Aliseda**

Contributor address; City; State; Zip Code

**1519 Duke Ave McAllen, TX 78504**

Amount of contribution (\$) **280**

Principal occupation / Job title (See Instructions) **Attorney**

Employer (See Instructions) **SELF**

**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: **18**

2 FILER NAME **Carlos Casco**

3 Filer ID (Ethics Commission Filers)

4 Date **8/18**

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

7 Amount of contribution (\$)

**Minerva/Kenny Simpson**  
6 Contributor address; City; State; Zip Code

**280**

**15701 Perkins Rd, Harlingen, TX 78552**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

**Mortgage Lender**

**SELF**

Date **8/18**

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

Amount of contribution (\$)

**Roberto Silva**  
Contributor address; City; State; Zip Code

**145**

**15823 Rio-Rancho Harlingen, TX 78552**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**Business**

**SELF**

Date

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

Amount of contribution (\$)

**8/18**

**Perkins Law Firm**  
Contributor address; City; State; Zip Code

**135**

**Po Box 1523 Corpus Christi, TX 78403**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTORNEY**

**SELF**

Date

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

Amount of contribution (\$)

**8/18**

**Jaecinto Garza**  
Contributor address; City; State; Zip Code

**2,500**

**27304 S. Ban Blvd Harlingen, TX 78552**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**Engineer**

**SELF**

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: <b>18</b>
2 FILER NAME <b>Carlos Casco</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>8/18</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>William/Cassada Wolfe</b> 6 Contributor address; City; State; Zip Code <b>2012 Palm Blvd Brownsville, TX 78520</b>	7 Amount of contribution (\$) <b>560.</b>
8 Principal occupation / Job title (See Instructions) <b>Business</b>		9 Employer (See Instructions) <b>SELF</b>
Date <b>8/18</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Evedardo Garcia</b> Contributor address; City; State; Zip Code <b>Po Box 400 Olmito, TX 78575</b>	Amount of contribution (\$) <b>300.</b>
Principal occupation / Job title (See Instructions) <b>Attorney</b>		Employer (See Instructions) <b>SELF</b>
Date <b>8/18</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Teresa Frady</b> Contributor address; City; State; Zip Code <b>81 Winterhaven Brownsville TX 78526</b>	Amount of contribution (\$) <b>280</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>8/18</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Fuente del Rio-MST, LLC</b> Contributor address; City; State; Zip Code <b>923 S. 77 Sunshine Halling, TX 78550</b>	Amount of contribution (\$) <b>280</b>
Principal occupation / Job title (See Instructions) <b>Real Estate</b>		Employer (See Instructions) <b>SELF</b>
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 18

2 FILER NAME Carlos Casco

3 Filer ID (Ethics Commission Filers)

4 Date 2/18

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

7 Amount of contribution (\$)

James Zavolata  
6 Contributor address; City; State; Zip Code

300

1793 Greenbrier Brownsville, TX 77520

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Business owner

Securband Ink Bookstore

Date 8/18

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

Amount of contribution (\$)

Morgan C. Graham  
Contributor address; City; State; Zip Code

900

43 N. Ceria Brownsville, TX 77520

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 8/18

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

Amount of contribution (\$)

Fimo Enterprises  
Contributor address; City; State; Zip Code

500

1740 Rock Chick Blvd Brownsville, TX 77520

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Real Estate Development

N/A

Date 2/10

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

Amount of contribution (\$)

Edwin Fulghum  
Contributor address; City; State; Zip Code

500

5707 Mystic Bend Brownsville, TX 77526

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Title Company

Sierra Title

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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: <b>18</b>
2 FILER NAME: <b>Carlos Casco</b>		3 Filer ID (Ethics Commission Filers)
4 Date: <b>8/18</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Arturo Farias</b>	7 Amount of contribution (\$): <b>280.</b>
6 Contributor address; City; State; Zip Code <b>1834 Palm Blvd. Brownsville, Tx 78520</b>		
8 Principal occupation / Job title (See Instructions) <b>Barber</b>		9 Employer (See Instructions) <b>N/A</b>
Date: <b>8/18</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Henry Rivas</b>	Amount of contribution (\$): <b>280.</b>
Contributor address; City; State; Zip Code <b>5113 Sugar Mill Rd Brownsville, Tx 78520</b>		
Principal occupation / Job title (See Instructions) <b>Realtor</b>		Employer (See Instructions) <b>Keller/Williams</b>
Date: <b>8/18</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Hector Casco</b>	Amount of contribution (\$): <b>280.</b>
Contributor address; City; State; Zip Code <b>120 Cuba St Brownsville, Tx 78520</b>		
Principal occupation / Job title (See Instructions) <b>Salesman</b>		Employer (See Instructions) <b>Dreanna Co.</b>
Date: <b>8/18</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Rafael Hernandez</b>	Amount of contribution (\$): <b>280.</b>
Contributor address; City; State; Zip Code <b>5073 Lakeway Dr Brownsville, Tx 78520</b>		
Principal occupation / Job title (See Instructions) <b>General Contractor</b>		Employer (See Instructions) <b>SELF</b>
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>18</b>
2 FILER NAME: <b>Carlos Casco</b>		3 Filer ID (Ethics Commission Filers)
4 Date: <b>8/18</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Simon / Graciela Soto</b> 6 Contributor address; City; State; Zip Code <b>Po Box 4931 Brownsville, TX 78523</b>	7 Amount of contribution (\$) <b>185.</b>
8 Principal occupation / Job title (See Instructions) <b>Retired</b>		9 Employer (See Instructions) <b>N/A</b>
Date: <b>8/18</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Cathy Shelton</b> Contributor address; City; State; Zip Code <b>1531 Los Sabales Brownsville, TX 78520</b>	Amount of contribution (\$) <b>145.</b>
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions) <b>N/A</b>
Date: <b>3/18</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Rumberto Artega</b> Contributor address; City; State; Zip Code <b>110 N. San Roman Bayview, TX 78566</b>	Amount of contribution (\$) <b>50.</b>
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions) <b>N/A</b>
Date: <del>8/18</del>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <del>Miguel Contreras</del> Contributor address; City; State; Zip Code <del>13 A. Coma Brownsville, TX 78520</del>	Amount of contribution (\$) <del>9.</del>
Principal occupation / Job title (See Instructions) <del>Retired</del>		Employer (See Instructions) <del>N/A</del>
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 18

2 FILER NAME Carlos Casco

3 Filer ID (Ethics Commission Filers)

4 Date  
8/18

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Julian Rosio Pena

7 Amount of contribution (\$)  
100.

6 Contributor address; City; State; Zip Code  
5321 Clearview Dr. Brownsville, TX 78526

8 Principal occupation / Job title (See Instructions)  
Educator

9 Employer (See Instructions)  
UTB

Date  
9/18

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
John or Sylvio Patriarca

Amount of contribution (\$)  
100.

Contributor address; City; State; Zip Code  
35 Calle Jacaranda Brownsville, TX 78520

Principal occupation / Job title (See Instructions)  
Retired

Employer (See Instructions)  
N/A

Date  
9/18

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

Amount of contribution (\$)  
1,500

Contributor address; City; State; Zip Code  
P.O. Box 2206 Austin, TX 78768

Principal occupation / Job title (See Instructions)  
N/A

Employer (See Instructions)  
N/A

Date  
9/18

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Wm A. Bucholz

Amount of contribution (\$)  
250

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)  
Businessman

Employer (See Instructions)  
El Centro Lumber

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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:	2 FILER NAME <i>Carlos Cascos</i>	3 Filer ID (Ethics Commission Filers)
----------------------------	--------------------------------------	---------------------------------------

4 Date <i>7/6/18</i>	5 Payee name <i>Vink Ape Consulting</i>
-------------------------	--

6 Amount (\$) <i>16.150</i>	7 Payee address; City; State; Zip Code <i>3101 Pablo Kiesel STE B-4 Brownsville, Tx 78520</i>
--------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Consulting / Advertising</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 <i>Carlos Cascos</i>	Office sought <i>Cam City Judge</i>	Office held <i>None</i>
---	---	--	----------------------------

Date <i>8/20/18</i>	Payee name <i>Brownsville Herald</i>
------------------------	---

Amount (\$) <i>4,000</i>	Payee address; City; State; Zip Code <i>1135 E. Van Buren Brownsville, Tx 78520</i>
-----------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</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 <i>Carlos Cascos</i>	Office sought <i>Cam City Judge</i>	Office held <i>None</i>
---	---	--	----------------------------

Date <i>8/25/18</i>	Payee name <i>Rental World</i>
------------------------	-----------------------------------

Amount (\$) <i>311.76</i>	Payee address; City; State; Zip Code <i>2134 Central Blvd Brownsville, Tx 78520</i>
------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Table Top rentals</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 <i>Carlos Cascos</i>	Office sought <i>Cam City Judge</i>	Office held <i>None</i>
---	---	--	----------------------------

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# 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>Carlos Cascos</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>7/2/18</i>		5 Payee name <i>JA Sports</i>			
6 Amount (\$) <i>3,653<sup>44</sup></i>		7 Payee address; City; State; Zip Code <i>4627 Central Circle Brownsville, Tx 78521</i>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Political signs</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 <i>Carlos Cascos</i>	Office sought <i>Com Com Judge</i>	Office held <i>none</i>
Date <i>8/23/18</i>		Payee name <i>JA Sports</i>			
Amount (\$) <i>974<sup>25</sup></i>		Payee address; City; State; Zip Code <i>4627 Central Circle Brownsville, Tx 78521</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Political signs</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 <i>Carlos Cascos</i>	Office sought <i>Com Com Judge</i>	Office held <i>none</i>
Date <i>7/3/18</i>		Payee name <i>Lama outdoor</i>			
Amount (\$) <i>16,304</i>		Payee address; City; State; Zip Code <i>2001 Industrial way San Benito, Tx 78586</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Outdoor billboards</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 <i>Carlos Cascos</i>	Office sought <i>Com Com Judge</i>	Office held <i>none</i>

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# 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 JAUIEN ARETO Carlos Casco 3 Filer ID (Ethics Commission Filers)

4 Date 8/30/18 5 Payee name JAUIEN ARETO

6 Amount (\$) 350 7 Payee address; City; State; Zip Code Brownsville, Tx 78520

8 PURPOSE OF EXPENDITURE Ban  
 (a) Category (See Categories listed at the top of this schedule)  
 (b) Description  
 Check if travel outside of Texas. Complete Schedule T.  
 Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Carlos Casco Office sought Campaign Judge Office held none

Date 8/30/18 Payee name PWE Productions LLC

Amount (\$) 4200 Payee address; City; State; Zip Code 631 N. Stephanie St. Henderson, ND 58904

PURPOSE OF EXPENDITURE Band for fundraiser  
 Category (See Categories listed at the top of this schedule)  
 Description  
 Check if travel outside of Texas. Complete Schedule T.  
 Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Carlos Casco Office sought Campaign Judge Office held none

Date 9/6/18 Payee name Solace

Amount (\$) 1550 Payee address; City; State; Zip Code Brownsville, Tx 78520

PURPOSE OF EXPENDITURE Banner  
 Category (See Categories listed at the top of this schedule)  
 Description  
 Check if travel outside of Texas. Complete Schedule T.  
 Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Carlos Casco Office sought Campaign Judge Office held none

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# 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>Carlos Cascos</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>8/28/18</i>		5 Payee name <i>Jones Liquor</i>			
6 Amount (\$) <i>143<sup>82</sup></i>		7 Payee address; City; State; Zip Code <i>800 E. Alton Glen Brownsville, TX 78520</i>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Refreshments for fundraiser</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 <i>Carlos Cascos</i>		Office sought <i>Com County Judge</i>		Office held <i>None</i>
Date <i>8/27/18</i>		Payee name <i>Cobbleheads</i>			
Amount (\$) <i>3412.<sup>76</sup></i>		Payee address; City; State; Zip Code <i>3154 Central Blvd Brownsville, TX 78520</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food for fundraiser</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 <i>Carlos Cascos</i>		Office sought <i>Com County Judge</i>		Office held <i>None</i>
Date <i>8/30/18</i>		Payee name <i>Printz Image</i>			
Amount (\$) <i>752<sup>34</sup></i>		Payee address; City; State; Zip Code <i>2494 Central Blvd Brownsville, TX 78520</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Pushcarts</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 <i>Carlos Cascos</i>		Office sought <i>Com County Judge</i>		Office held <i>None</i>

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# 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>Carlos Cascos</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>9/22/18</i>	5 Payee name <i>Rio Grande Guardian</i>	
6 Amount (\$) <i>500.</i>	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</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: <i>Carlos Cascos</i> Office sought: <i>Com Com Judge</i> Office held: <i>None</i>	
Date <i>9/22/18</i>	Payee name <i>Gilberto Leos</i>	
Amount (\$) <i>500</i>	Payee address; City; State; Zip Code <i>Brownsville, Tx 78520</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Sign rental</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: <del>Carlos Cascos</del> Office sought: <i>Com Com Judge</i> Office held: <i>None</i>	
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: <i>Carlos Cascos</i> Office sought: <i>Com Com Judge</i> Office held: <i>None</i>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED