# CARLOS H. CASCOS

# **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how	v to complete this form,	1 Filer ID (Ethics Commission Filers)	2 Total pages fil	ed:
3 CANDIDATE / OFFICEHOLDER	Ms/MRs/MR Mr	FIRST Carlos	MI H	OFFICE	USEONLY
NAME	NICKNAME	LAST Cascos	SUFFIX	DEPARTMEN	RON COUNTY IT OF ELECTIONS &
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX 765 E 7th B	k; APT / SUITE #; (Brownsville, Tx. 785	CITY; STATE; ZIP CODE	3.1520	REGISTRATION
Change of Address			· · · · · · · · · · · · · · · · · · ·	<b>]</b>	therien A.
5 CANDIDATE/ OFFICEHOLDER PHONE	(956 )	PHONE NUMBER 544-7778	EXTENSION	Date Hand delivered	or at Potmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST	MI	Receipt #	Amount \$
NAME	NICKNAME	LAST	SUFFIX	Date Imaged	
7 CAMPAIGN	STREET ADDRESS	(NO PO BOX PLEASE); APT / SI	UITE #; CITY;	STATE;	ZIP CODE
TREASURER ADDRESS	same as abo	ove			
(Residence or Business)					
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
	/			-	
9 REPORT TYPE	January 15	30th day before e	election Runoff	15th day aft treasurer ap (Officeholder	
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Report	t (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year	Month	Day Year	
COVENED	7	/ 1 / 22	THROUGH 10	/ 8 / 22	
11 ELECTION	ELECTION DA		ELECTION TYPE		
	Month Day	Year Primary	Runoff Other Description		
	11 / 8	22 General	Special		
12 OFFICE	OFFICE HELD (if any)	ł	13 OFFICE SOUGHT (if known	•	
	None		Cameron Count	y Judge	
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	CEHOLDER. THESE EXPENDITURES	ACCEPTED OR POLITICAL EXPENDITURES M. S MAY HAVE BEEN MADE WITHOUT THE CANE RED TO REPORT THIS INFORMATION ONLY IF T	DIDATE'S OR OFFICEHOLI	DER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS			
Additional F ages	SPECIFIC	COMMITTEE CAMPAIGN TREA	ASURER NAME		
		COMMITTEE CAMPAIGN TRE	:ASURER ADDRESS		
		GO TO	PAGE 2		

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

			···	
15 C/OH NAME Carlos H Cascos			<b>16</b> Filer ID (	Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITIC     PLEDGES, LOANS, OR GUAF     CONTRIBUTIONS MADE ELE		\$	890.00
	2. TOTAL POLITICAL CONTR (OTHER THAN PLEDGES, LOA	IBUTIONS ANS, OR GUARANTEES OF LOANS)	\$	28,260.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITIC	AL EXPENDITURE.	\$	0.00
	4. TOTAL POLITICAL EXPEN	DITURES	\$	31,232.31
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBU	TIONS MAINTAINED AS OF THE LAS	ST DAY \$	10,280.90
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF THE REPORTING	OF ALL OUTSTANDING LOANS AS OF	F THE \$	6,265.21
	swear, or affirm, under penalty of perjury,		e and correct	and includes all information
re	quired to be reported by me under Title 15,	Election Code.		
		- Conth		
		Signature of Ca	ndidate or O	ficeholder
	Please comp	olete either option below	<b>/</b> :	
(1) Affidavit				
NOTARY STAMP/SEA	<b>L</b>		-	
Sworn to and subscribed	before me by	this the	da	y of,
20, to certify	which, witness my hand and seal of office.			
Signature of officer administer	ring oath Printed name of of	ficer administering oath	l'itle	of officer administering oath
(2) Unsworn Declarati	On.	OR		
My name is Carlos H.	Cascos	, and my date of birth is	9/18/52	
My address is 765 E 7	•	Brownsville T		
Executed in Cameron	(street) County, State of Texas		state) (zip o er, <sub>20</sub>	• • • • • • • • • • • • • • • • • • • •
EXECUTED III	County, State of	, on the 12 day of Octobe	)	(year)
		Signature of Candid	fate/Officehold	er (Declarant)

## SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME Carlos H			3 Filer ID (Ethics Commission Filers)
4 Date 07/06/2022	5 Full name of contributor out-of-state PAG JRJ Group inTexas	C (ID#:)	7 Amount of contribution (\$)
01/00/2022	6 Contributor address; City; 1039 Estrellas Ave., Rancho Vi	State; Zip Code lejo, Tx. 78575	2,750.00
8 Principal occu Real estate s	pation / Job title (See Instructions)	9 Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC  Albino & Lourdes Carrasco	; (ID#:)	Amount of contribution (\$)
07/15/2022	Contributor address; City; 355 Old Port Isabel Rd., Brownsville	State; Zip Code	2,000.00
Principal occup Business owr	nation / Job title (See Instructions)	Employer (See Instruction	ns)
Date	Full name of contributor out-of-state PAC	: (ID#:)	Amount of contribution (\$)
07/15/2022	Richard Giffard  Contributor address; City; City; Contributor address; City; City; City; Contributor address; City; City	State; Zip Code . 78520	1,000.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ens)
Date	Full name of contributor out-of-state PAC	: (ID#:)	Amount of contribution (\$)
07/15/2022	Wm & Janet Balogh  Contributor address;  City;  601 Palm Blvd., Laguna Vista,	State; Zip Code	300.00
Principal occup RETire 2	pation / Job title (See Instructions)	Employer (See Instruction	ns)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

## SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The	instruction Guide explains how to complete this form.	1 Total pages Schedule A1:		
2 FILER NAME Carlos H (	Cascos	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC (ID#:) William Hudson	7 Amount of contribution (\$)		
07/15/2022	6 Contributor address; City; State; Zip Code 2600 Old Alice Rd. Ste D, Brownsville, Tx. 78521	150.00		
8 Principal occu Business owr	pation / Job title (See Instructions)  9 Employer (See Instructions)  101	tions)		
Date	Full name of contributor out-of-state PAC (ID#:)  Horacio Barrera	Amount of contribution (\$)		
07/15/2022	Contributor address; City; State; Zip Code P.O. Box 40348, SPI, Tx. 78597	2,000.00		
Principal occup Attorney	ation / Job title (See Instructions) Employer (See Instruct	ions)		
Date	Full name of contributor out-of-state PAC (ID#:)  Chacho Bros, LLC	Amount of contribution (\$)		
07/15/2022	Contributor address; City; State; Zip Code 29227 Orange Grove Rd., La Feria, Tx. 78559	750.00		
Principal occup Business owr	ation / Job title (See Instructions)  Employer (See Instructions)  Pers	ions)		
Date	Full name of contributor out-of-state PAC (ID#:)  James & Veronica Morrell	Amount of contribution (\$)		
07/15/2022	Contributor address; City; State; Zip Code 29227 Orange Grove Rd., La Feria, Tx. 78559	400.00		
Principal occupation / Job title (See Instructions)  Retired/Educator  Employer (See Instructions)				

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

www.ethics.state.tx.us

## SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
		3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#:) George Longoria 07/15/2022 6 Contributor address; City; State; Zip Code 1031 Pablo Garcia, Brownsville, Tx, 78520		7 Amount of contribution (\$)
		500.00
pation / Job title (See Instructions)	9 Employer (See Instructi	ions)
	3 (ID#:)	Amount of contribution (\$)
Contributor address; City;	State; Zip Code . Tx. 78551	300.00
	Employer (See Instructi	ions)
Cusick Wealth Mgt, LLC  Contributor address; City;	State; Zip Code	Amount of contribution (\$)
•	Employer (See Instructi	ons)
	) (ID#:)	Amount of contribution (\$)
Contributor address; City;	State; Zip Code	300.00
	Employer (See Instructi	ons)
ATTACH ADDITIONAL COPIES (	OF THIS SCHEDULE AS NI	EEDED
	Cascos  5 Full name of contributor George Longoria  6 Contributor address; City; 1031 Pablo Garcia, Brownsvilled pation / Job title (See Instructions)  Full name of contributor out-of-state PAC Curtis Bonner  Contributor address; City; P.O.Box 288, Harlingen, pation / Job title (See Instructions)  Full name of contributor out-of-state PAC Cusick Wealth Mgt, LLC  Contributor address; City; 322 Cedar Elm Xing, Brownsvilled pation / Job title (See Instructions)  anker  Full name of contributor out-of-state PAC Connie de la Garza  Contributor address; City; 2814 Lotus Ct., Harlingen, Tx. Design / Job title (See Instructions) ales	Cascos  5 Full name of contributor George Longoria  6 Contributor address; City; State; Zip Code 1031 Pablo Garcia, Brownsville, Tx. 78520  pation / Job title (See Instructions)  9 Employer (See Instruct  Full name of contributor Curtis Bonner  Contributor address; City; State; Zip Code P.O.Box 288, Harlingen, Tx. 78551  Dation / Job title (See Instructions)  Full name of contributor Cusick Wealth Mgt, LLC Contributor address; City; State; Zip Code 322 Cedar Elm Xing, Brownsville, Tx. 78520  Dation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Connie de la Garza Contributor address; City; State; Zip Code 2814 Lotus Ct., Harlingen, Tx. 78550  Employer (See Instructions)  Employer (See Instructions)

## SCHEDULE A1

ii iiie reque:	sted information is not applicable, DO NOT include this page in the	report.
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME Carlos H		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)  Carolyn Dunkin	7 Amount of contribution (\$)
07/15/2022	6 Contributor address; City; State; Zip Code 9 Golf House Rd., Laguna Vista, Tx. 78578	150.00
8 Principal occu Retired	pation / Job title (See Instructions)  9 Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
07/15/2022	Juan Ybarra  Contributor address; City; State; Zip Code  7975 Florida Rd., Brownsville, Tx. 78521	150.00
Principal occup Retired	l Joation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
07/25/2022	Gary & Janet Meschi  Contributor address; City; State; Zip Code  2912 Padre Blvd., SPI, Tx. 78597	1,000.00
Principal occup Business own	pation / Job title (See Instructions)  Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
07/25/2022	Mark McCaig Campaign  Contributor address; City; State; Zip Code  9438 Pearsall Dr., Houston, Tx. 77084	150.00
Principal occup Attorney	pation / Job title (See Instructions) Employer (See Instructions)	tions)

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#### SCHEDULE A1

ii iiio reques	ned information is not applicable, <b>DO NOT includ</b>	e tills page ill the i	eport.
The	Instruction Guide explains how to complete this form	1.	1 Total pages Schedule A1:
2 FILER NAME Carlos H	Cascos		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Brown & Ortiz, PC		7 Amount of contribution (\$)
07/28/2022	6 Contributor address; City; Sta 112 E Pecan Ste 1360, San Antonio, Tx	ate; Zip Code . 78205	3,500.00
8 Principal occu Law Firm	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor • out-of-state PAC (ID#:_	)	Amount of contribution (\$)
07/28/2022		ate; Zip Code 78520	1,000.00
Principal occup Attorney	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of contribution (\$)
07/28/2022	Simon & Graciela Soto  Contributor address; City; Sta  P.O.Box 4931, Brownsville, Tx. 78	nte; Zip Code	450.00
Principal occup Retired	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of contribution (\$)
07/29/2022		ate; Zip Code	2,000.00
Principal occup  Doctor		Employer (See Instruction	ons)

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#### SCHEDULE A1

if the reque	sted information is not applicable, DO NOT includ	e this page in the r	epon.
The	Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A1:
2 FILER NAME Carlos H	Cascos		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:_Purdue, Brandon, Felder, Collins, Mott,	<u>-</u>	7 Amount of contribution (\$)
07/29/2022	6 Contributor address; City; State; Zip Code 1235 N Loop W, Ste 600, Houston, Tx. 77008		2,000.00
8 Principal occu Law Firm	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of contribution (\$)
07/29/2022	***************************************	ate; Zip Code '8501	1,500.00
Principal occup Attorney	eation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 07/29/2022	Full name of contributor out-of-state PAC (ID#:_Antonio Figueroa MD PA		Amount of contribution (\$)
0112912022	P.O.Box 5060, Brownsville, Tx. 78	ate; Zip Code	600.00
Principal occup	eation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of contribution (\$)
07/29/2022	,	78520	500.00
Principal occup Law Firm	ation / Job title (See Instructions)	Employer (See Instruction	ons)

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#### SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

	and anomation is not applicable, <b>DO NOT I</b>	lorace tills page in the	- Chort
The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME Carlos H (	Cascos		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC A New Beginnings Educational Ctr	C (ID#:)	7 Amount of contribution (\$)
07/29/2022	6 Contributor address; City; 1104 E 7th Ste B, Brownsville,	State; Zip Code Tx. 78520	370.00
8 Principal occu Small Busine	  pation / Job title (See Instructions)  SS	9 Employer (See Instruct	ions)
Date		C (ID#:)	Amount of contribution (\$)
08/01/2022	Law Ofc of Victor Ramirez  Contributor address; City;  31620 Tract 43 Rd., Los Fresno		300.00
Principal occup Attorney	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date 08/01/2022	Quentin & Eileen Anderson	C (ID#:) State; Zip Code	Amount of contribution (\$)
	14823 S Valencia Circle, Harlin	gen, Tx. 78552	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor out-of-state PAC  Jose & Sharon Rodriguez	; (ID#:)	Amount of contribution (\$)
08/01/2022	Contributor address; City; 25337 Pennsylvania Ave., San Benit	State; Zip Code to,Tx. 78586	300.00
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Retired			

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#### SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

		•	
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:	
2 FILER NAME Carlos H (	Cascos	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Simon & Graciela Soto	7 Amount of contribution (\$)	
08/01/2022	6 Contributor address; City; State; Zip Code P.O.Box 4931, Brownsville, Tx. 78523	150.00	
8 Principal occu Retired	pation / Job title (See Instructions)  9 Employer (See Instructions)	iions)	
Date	Full name of contributor out-of-state PAC (ID#:)  Henry & Norma Levrier	Amount of contribution (\$)	
08/01/2022	Contributor address; City; State; Zip Code  1203 Live Oak Circle, Brownsville, Tx. 78520	100.00	
Principal occup Retired	ation / Job title (See Instructions)  Employer (See Instruct	ions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	
08/01/2022	Carlos Gonzalez  Contributor address; City; State; Zlp Code	50.00	
	101 Dix, Brownsville, Tx. 78520		
Principal occup Retired	ation / Job title (See Instructions) Employer (See Instruct	ions)	
Date	Fuil name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	
08/15/2022	Matt & Patricia Gorges  Contributor address; City; State; Zip Code	200.00	
	1275 N Stuart Place Rd., Harlingent, Tx. 78552		
Principal occup	ation / Job title (See Instructions) Employer (See Instruct	ions)	

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## SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

_				
The	Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1:	
2 FILER NAME Carlos H	Cascos		3 Filer ID (Ethics Commission Filers)	
4 Date	Theresa Rudolph	C (ID#:)	7 Amount of contribution (\$)	
09/15/2022	6 Contributor address; City; P.O.Box 3440 South Padre Island,	State; Zip Code	250.00	
8 Principal occu Attorney	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)	
Date	Full name of contributor out-of-state PA Antonio Tobin Jr	C (ID#:)	Amount of contribution (\$)	
09/21/2022	Contributor address; City;  2001 W Madison Brownsville,	State; Zip Code	100.00	
Principal occup Retired educa	eation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date		C (ID#:)	Amount of contribution (\$)	
09/28/2022	Krishna & Malini Iyer  Contributor address; City;  74 Ray Ave Brownsville	State; Zip Code	100.00	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date	Full name of contributor out-of-state PA	G (ID#:)	Amount of contribution (\$)	
09/30/2022	Refugio & Elizabeth Covarrubias  Contributor address; City;	State; Zip Code	300.00	
5125 Branson Pl Brownsville, Tx. 78520				
Govt employe	eation / Job title (See Instructions)	Employer (See Instruct Cameron County	ions)	
		·	<u> </u>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

#### SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

			•
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME Carlos H	Cascos		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC ( Christina Perez/John Asbury	ID#:	7 Amount of contribution (\$)
10/03/2022	6 Contributor address; City; 3004 N 77 Sunshine Strip Harlingen,	State; Zip Code	300.00
8 Principal occu Retired	`	B Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (	iD#:)	Amount of contribution (\$)
10/06/2022	Contributor address; City; P.O.Box 710 Port Isabel,	State; Zip Code Tx. 78578	100.00
Principal occup Retired	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC (	ID#:)	Amount of contribution (\$)
10/06/2022	Imelda R Hinojosa  Contributor address; City;  5358 Papaya Circle Harlingen, T	State; Zip Code X. 78552	500.00
Principal occup Retired	nation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC (I	ID#:)	Amount of contribution (\$)
10/06/2022	Isla Tours, LLC  Contributor address; City;  P.O.Box 3381 South Padre Isla	State; Zip Code nd, Tx. 78597	200.00
Principal occup Fishing guide	ation / Job title (See Instructions)	Employer (See Instructi Nurphys Tours	ons)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A2:		
2 FILER NAME			3 Filer ID (Ethics Co	mmission Filers)	
Carlos H Cascos					
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS			\$ 4,200.00		
5 Date 08/23/2022	Full name of contributor out-of-state PAC (ID#:	) Zip Code <b>)1</b>	8 Amount of Contribution \$ 4,200.00	In-kind contribution     description     Political signs  de of Texas. Complete Schedule T.	
10 Principal aca	upation / Job title (FOR NON-JUDICIAL)(See Instructions)		L		
	litical Action Committee	Project F	er (FOR NON-JUDICIAL)(See Instructions)		
	principal occupation (FOR JUDICIAL)		utor's job title (FOR JUDICIAL) (See Instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	m of contributor's spouse (if any) (FOR JUDICIAL)		
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor 🔲 out-of-state PAC (ID#:	)	Amount of	In-kind contribution	
THE PROPERTY OF THE PROPERTY O	Contributor address; City; State;	Zìp Code	Contribution \$  Check if travel outside	description de of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Emplo			ver (FOR NON-JUDICIAL)(See Instructions)		
Contributor's principal occupation (FOR JUDICIAL)		Contribu	Contributor's job title (FOR JUDICIAL) (See Instructions)		
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				

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

If the requested information is not applicable, DO NOT include this page in the report.

#### **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/Relmbursement 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. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 3 Carlos H Cascos 5 Pavee name 4 Date 07/21/2022 BritishMania 6 Amount (\$) Zip Code 7 Payee address; City; State: West Berlin New Jersey 08091 3 Leonard Lane 9,000.00 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Musical Group **PURPOSE** Event expense OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Carlos H Cascos None Cameron County Judge Payee name Date City; State; Zip Code Amount (\$) Payee address; Description Category (See Categories listed at the top of this schedule) **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; Zip Code State: Description Category (See Categories listed at the top of this schedule) **PURPOSE** OF **EXPENDITURE** 

Complete ONLY if direct expenditure to benefit C/OH

Check if travel outside of Texas, Complete Schedule T.

Candidate / Officeholder name

Office held

Check if Austin, TX, officeholder living expense

Office sought

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries	s/Wages/Contract Labor	Other (enter a category	y not listed above)
Ofetin Card Paymern	The Instruction Guide explains how to	o complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Carlos H Cascos	17.11	3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name			
08/01/2022	Bertha Saldana			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
585.00	475 Calle Retama	Brownsville	Tx	78520
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Event expense	Food Catering		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living e	expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	C	Office held
expenditure to benefit C/OF	H Carlos H Cascos	Cameron County Ju	udge None	
Date	Payee name	······		
08/03/2022	Gloria Rico			
Amount (\$)	Payee address;	City;	State;	Zip Code
525.00	4 Calle Cenizo	Brownsville	Tx	78520
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Event expense	Description Food Catering		
	Check if travel outside of Texas. Complete Schedule T.	Check If Austin, TX, officeholder living expense		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	C	Office held
expenditure to benefit C/OH	¹ Carlos H Cascos	Cameron County Judge None		<del>)</del>
Date	Payee name			
08/05/2022	The Travel Bar			
Amount (\$)	Payee address;	City;	State;	Zip Code
931.10	26885 Guelker Rd.	San Benito	Tx	78586
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Event expense	Bar		
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin,	, TX, officeholder living e	xpense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	(	Office held
expenditure to benefit C/OH Carlos H Cascos Cameron County Judge No				
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEET	DED	

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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

Candidate/Officeholder/Politica Credit Card Payment			Other (enter a category not listed above)		
	The Instruction Guide explains how	to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME Carlos H Cascos	3	Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name				
08/25/2022	Pink Ape Media				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
3,500.00	3101 Pablo Kisel Brow	nsville T	x 78521		
8	(a) Category (See Categories listed at the top of this schedule				
PURPOSE OF	Consulting	Political consultir	ng		
EXPENDITURE					
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, T	X, officeholder living expense		
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/OF	1 Carlos H Cascos	Cameron County Jude	ge None		
Date	Payee name				
10/19/2022	Lamar Advertising				
Amount (\$)	Payee address;	City;	State; Zip Code		
10,426.00	P.O.Box 746966 Atlanta	Georgia	30374		
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE	Advertising	Bill Boards			
OF					
EXPENDITURE					
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, T	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/OF	Carlos H Cascos	Cameron County Jude	ge None		
Date	Payee name				
00/00/0000					
09/26/2022	Pink Ape Media				
Amount (\$)	Payee address;	City;	State; Zîp Code		
6,000.00	3101 Pablo Kisel Brow	nsville	Tx 78521		
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE	Consulting	Political consultin	g		
OF EXPENDITURE			•		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX	X, officeholder living expense		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/OH	Carlos H Cascos	Cameron County Judg	e None		
	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS NEEDE	:D		

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Jonations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Giff/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Printing Expense Travel in Dis Printing Expense Travel Out C Salaries/Wages/Contract Labor Other (enter

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Credit Card Payment	The instruction Guide explains how to	complete this form.	Other (enter a category)	iotristed above)	
1 Total pages Schedule G:	2 FILER NAME Carlos H Cascos		3 Filer ID (Ethics Commission Filers)		
4 Date 07/01/2022	5 Payee name Printa Image				
6 Amount (\$) 135.31  Reimbursement from political contributions intended	7 Payee address; 2494 Central Blvd. Ste H	c <sub>ity;</sub> Brownsville	State; Tx	Zip Code <b>78520</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)     Event expense     (c) Check if travel outside of Texas. Complete Schedule T.	(b) Description Printing expens  Check if Austin,	TX, officeholder living expe	inse	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name  Carlos H Cascos C	Office sought ameron County Judo		ffice held	
Date 08/29/2022	Payee name Fiesta Graphics				
Amount (\$) 129.90 Reimbursement from political contributions intended	Payee address; 205 Paredes Line Rd	city; Brownsville	State; • Tx	Zip Code 78521	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Bumper Sticker	'S		
	Check if travel outside of Texas, Complete Schedule T,	dule T. Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name  CH Carlos H Cascos  C	Office sought ameron County Judg	K I	ffice held	
Date	Payee name				
Amount (\$)  Reimbursement from political contributions Intended	Payee address;	City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Of	fice held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDE	<b>D</b>		