CARLOS H. CASCOS

8 DAYS REPORT October 31, 2022

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT					FORM C/OH COVER SHEET PG 1				
The C/OH instruction 0	Guide explains how	to complete t	this form.	1 Filer II	O (Ethics Com	nmission Filers)	2 Total	l pages file	6
3 CANDIDATE / OFFICEHOLDER	Ms/MRs/MR Mr	First Carlos		-		мі Н	0.48	RACE/DATEDES	USE ONLY
NAME	NICKNAME	LAS Caso				SUFFIX		MIYOP OF EL ER HEGISTE	ECTIONS & PATION
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX 765 E 7th	; APT /	/ SUITE #; C Browns	_{сіту;} s ville Т		ZIP CODE 3520		T 3 1 2	
Change of Address								سلا	
5 CANDIDATE/ OFFICEHOLDER PHONE	(956)	PHONE NUM 544-77			EXTENSION	MATTERSON ALLE			or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRS				MI	Receipt #	:	Amount \$
NAME	Mr NICKNAME	Carlo		••••••	• • • • • • • • • • • • • • • • • • • •	SUFFIX	Date Processed		
	Cascos					Date Imaged			
7 CAMPAIGN TREASURER ADDRESS	765 E 7th	(NO PO BOX PLEA	ASE); APT/SL	•	city; Browns	ville	Tx	STATE;	ZIP GODE 78520
(Residence or Business)									
8 CAMPAIGN TREASURER PHONE	(956)	PHONE NUM 544-77			EXTENSION				
9 REPORT TYPE	January 15	30	Oth day before el	lection	Runoff		to	15th day after reasurer app	ointment
	July 15	8 t)	th day before elec	etion	Exceed Reportin	led Modified ng Limit	· ,		(Attach C/OH - FR)
10 PERIOD COVERED	Month	Day	Year			Month	Day	Year	
COVERED	10	/ 9 /	22	THROU	JGH	10	✓ 31	/ 22	
11 ELECTION	ELECTION DA	JΕ				ECTION TYPE		<u></u>	
	Month Day	Year	Primary	Runo		Other Description			
	11 / 8 /	/ 22	■ General	Spec	olal				
12 OFFICE	None OFFICE HELD (If any)			1		GHT (If known) Count		де	
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTIC THE CANDIDATE / OFFIC CONSENT, CANDIDATES	CEHOLDER. THESE	E EXPENDITURES	MAY HAVE BEE	EN MADE WITH	HOUT THE CAND	IDATE'S OR O	OFFICEHOLDI	ER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE N	√AME						
Additional Pages	GENERAL	COMMITTEE A	DDRESS						
	SPECIFIC	COMMITTEE C	CAMPAIGN TREA	ASURER NAME	=		***************************************		
	a de avecada	COMMITTEE C	CAMPAIGN TRE	EASURER ADD	RESS				
GO TO PAGE 2									

qjou am

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Carlos H Cascos			16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS		DLITICAL CONTRIBUTIONS (OTHER THAN GUARANTEES OF LOANS, OR E ELECTRONICALLY)	\$	
	2. TOTAL POLITICAL CO (OTHER THAN PLEDGES	NTRIBUTIONS S, LOANS, OR GUARANTEES OF LOANS)	\$	1,100.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED PO	LITICAL EXPENDITURE.	\$	
	4. TOTAL POLITICAL EX	\$	10,450.00	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONT OF REPORTING PERIOD	RIBUTIONS MAINTAINED AS OF THE LAS	ST DAY \$	930.90
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOU LAST DAY OF THE REPO	JNT OF ALL OUTSTANDING LOANS AS OF DRTING PERIOD	= THE	6,265.21
	swear, or affirm, under penalty of per quired to be reported by me under Title	jury, that the accompanying report is true	e and correct	and includes all information
10.	quilda to be reported by the under the	(,)	2 -	
		Signature of Ca	ndidate or Of	ncenolder
	Please o	omplete either option below	r.	
	i iedse od		· -	
(1) Affidavit				
NOTARY STAMP/SEA	L			
Sworn to and subscribed	before me by	this the	day	y of,
20, to certify	which, witness my hand and seal of off	fice.		
Signature of officer administe	ring oath Printed name	of officer administering oath	Title	of officer administering oath
		OR		
(2) Unsworn Declaration				
My name is Carlos H		and my date of birth is	9/18/52	•
My address is 765 E 7	th	Brownsville, T	7852	20 <u>usa</u>
Executed in Cameron	(street) County, State of Tx	(city) (s	tate) (zip c , 20)	
		Signature of Candid	ate/Officehold	er (Declarant)
		5		•

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	er name os H Cascos	20 Filer ID (Ethics Co	mmis	sion Filers)
21 SCI NAI		SUBTOTAL AMOUNT		
1.	■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS			
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS			
4.	SCHEDULE E: LOANS			
5.	■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	IDS	\$	
10,	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

				•	
The	Instruction Guide explains how to com	aplete 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-o	7 Amount of contribution (\$) 1,000.00			
10/24/2022		6 Contributor address; City; State; Zip Code 923 S 77 Sunshine Strip, Harlingen, Tx. 78550			
8 Principal occu Real estate in	pation / Job title (See Instructions)		Employer (See Instruc N/A	 tíons)	
Date	Full name of contributor out-o	-of-state PAC	: (ID#:)	Amount of contribution (\$)	
10/24/2022	Contributor address; City 7101 W Bus 83 # 13, Har	•	State; Zip Code	100.00	
Principal occup Retired	pation / Job title (See Instructions)		Employer (See Instruc N/A	tions)	
Date			(ID#:)	Amount of contribution (\$)	
	Contributor address; City		State; Zip Code		
Principal occup	 pation / Job title (See Instructions)		Employer (See Instruc	itions)	
Date	Full name of contributor out-o	-of-state PAC	(ID#:)	Amount of contribution (\$)	
	Contributor address; City	y;	State; Zip Code		
Principal occup	 pation / Job title (See Instructions)		Employer (See Instruc	tions)	
	ATTACH ADDITIONAL (COPIES O	OF THIS SCHEDULE AS N	IEEDED	

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

ודי	he Instruction Guide explains how to complete this for	1 Total pages Schedule A2:					
² FILER NAM Carlos H			3 Filer ID (Ethics Commission Filers)				
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$				
5 Date 10/20/2022	6 Full name of contributor □ out-of-state PAC (ID#:	Zip Code	8 Amount of Contribution \$ 1,698.21	9 In-kind contribution description Political signs			
State po	Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) State political action committee Project			ver (FOR NON-JUDICIAL)(See Instructions)			
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	itor's job title (FOR JU	IDICIAL) (See Instructions)			
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm 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 Contribution \$	In-kind contribution description			
	Contributor address; City; State;	Zip Code	Check if travel outside	 de of Texas. Complete Schedule T.			
Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL)(See Instructions)					
Contributor's	principal occupation (FOR JUDICIAL)	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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Sollcitation/Fundralsing Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Fliers) 1 Carlos H Cascos 4 Date 5 Payee name 10/17/2022 Pink Ape Media 6 Amount (\$) 7 Payee address; City; State; Zip Code 1365 Willow Dr. 8,160.00 Brownsville Tx 78520 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Advertising/Political consulting Consulting **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Carlos H Cascos Cameron County Judge None Payee name 10/26/2022 Aim Media Amount (\$) Payee address; City; State; Zip Code 1906 E Tyler Harlingen Tx 1,790.00 78550 Category (See Categories listed at the top of this schedule) Description Advertising **PURPOSE** Political ad OF EXPENDITURE 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 Office held expenditure to benefit C/OH Carlos H Cascos Cameron County Judge None Date Payee name 10/27/2022 Claudia Henry Roberts Amount (\$) Payee address: City; State; Zip Code 123 E Cowan Terrace Brownsville Tχ 78521 500.00 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Advertising Video OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Carlos H Cascos Cameron County Judge None