l .		CEHOLDER E 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: 9
3 CANDIDATE / OFFICEHOLDER NAME	Ms / MRS / MR Mr	FIRST Robert	MI	OFFICE USE ONLY
NAME	NICKNAME	Vasquez	suffix Sr	Date Received FILED AT O'CLOCK M
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX 641 County I Orange Grov		CITY; STATE; ZIP CODE	JUN 0 5 2024 JC Jun Wells 20., Taxas By Deputy
5 CANDIDATE/ OFFICEHOLDER PHONE	(361)	453-0538	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS/MRS/MR Mrs	FIRST Thelma	МІ	Receipt # Amount \$
NAME	NICKNAME	LAST Vasquez	SUFFIX	Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	641 County I	NO PO BOX PLEASE); APT / Rd 3561 /e, TX 78372	SUITE #; CITY;	STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	(361)	PHONE NUMBER 207~1659	EXTENSION	
9 REPORT TYPE	January 15 July 15	30th day before 8th day before e		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month 5	Day Year / 19 / 24	THROUGH 6	Day Year / 4 / 24
11 ELECTION	Month Day	Year Primary	Description	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (If KNOWN Jim Wells Coun	ty Pct 5 Constable
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	CEHOLDER. THESE EXPENDITUR	ES MAY HAVE BEEN MADE WITHOUT THE CAN	IADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TR	REASURER NAME	
		COMMITTEE CAMPAIGN T	REASURER ADDRESS	
GO TO PAGE 2				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Robert Vasquez Sr		16 Filer ID	(Ethics Commission Filers)
17 CONTRIBUTION TOTALS	 TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 		\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	'	\$ 2,455.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES		\$ 2,666.83
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY	\$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OLAST DAY OF THE REPORTING PERIOD	F THE	\$ 0.00
(1) Affidavit NOTARY STAMP/SEA			Officeholder
0.1	which, witness my hand and seal of office. Valence Benavises	No	day of June
	OR		
(2) Unsworn Declaration	on		
My name is	, and my date of birth is		
My address is			
			ip code) (country)
Executed in	County, State of , on the day of	h)	, 20 (year)
	Signature of Candi	date/Officeh	nolder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 R	obert Vasquez Sr	thics Commis	sion Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	2,455.00
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	\$	2,455.00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTION	NS \$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	211.83
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF	с/он \$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURN TO FILER	IED \$	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

		ic report.
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1 1
² FILER NAME Robert Va	squezSr.	3 Filer ID (Etnics Commission Filers)
4 Date 12/11/2023	5 Full name of contributor Allen Green 6 Contributor address, City State, Zip Code 107 E Starke Orange Grove, TX 78372	7 Amount of contribution (s) 500.00
8 Principal occu Business Ow	pation / Job title (See Instructions) 9	ructions)
Date 12/20/2023	Full name of contributor Hugo Conchas Contributor address: City: State: Zip Code 416 E Orange Ave. Orange Grove, TX 78372	Amount of contribution (s) 280.00
Principal occup Cook	tation / Job title (See Instructions) Employer (See Instructions) Las Magueyes Re	*
Date 12/08/2023	Full name of contributor out-of-state PAC (IDM	Amount of contribution (s) 375.00
Principal occup Legal Assista	nt Employer (See Instructions) Employer (See Instructions) Jim Wells County	•
Date 12/21/2023	South Texas Oilfield Solutions Contributor address: City. State Zip Code 411 N. Flournoy Alice TX 78332	1.300.00
Principal occup Business	pation / Job title (See Instructions) Employer (See Instructions) N/A	ructions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS If contributor is out-of-state PAC, please see Instruction guide for addition.	S NEEDED al reporting requirements.

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Advortising Expense Accounting Backing Even: Exponse Loan Repayment Remoursement Solicitation Fundralsing Expense Floor Office OvernsapiRental Extrense Fransportation Equipment & Related Exp. 156 Consulting Exponse Fund Beverage Expense G tVA wards Men chals Excense Patting Expense Travel in District lontabutors Donations Medic By. Panting Exception "avat Out Of District Candidate Officerolder Political Committee Logal Services Salares-Wages/Contrat/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 3 Filer ID (Ethics Commission Fiers) Robert Vasquez Sr. 5 Payee name 4 Date 12/04/2023 Jim Wells County Republican Party 6 Amount (S) 7 Payee address. City. State Zip Code PO Box 3184 Alice, TX 78332 375.00 8 (a) Category (See Categories listed at the top of this schedule; (b) Description Fees Filing Fee PURPOSE OF EXPENDITURE Check fittage outside of Texas, Complete Schedule T Check " Austin "X officendide: Eving expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name Date KOPY FM 12/15/2023 Amount (\$) Pavee address: City. State Zip Code PO Box 731 Alice, TX 78333 100.00 Category (See Categories listed at the top of this schedule) Description Candidate Christmas Greeting on radio station Advertising Expense PHRPOSE OF EXPENDITURE Check Ittavarous pelof Texas, Complete Schedute I Check if Austral FX left cendber fiving expense Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit CIOH Payee name Date 12/21/2023 **Exclusive Designs LLC** Amount (S) Payee address: City State. Zio Code 3705 N. La Homa Rd. Palmview, TX 78572 1,050.45 Category (See Categories listed at the top of this schedule.) Description PURPOSE Printing Expense Campaign Signs OF **EXPENDITURE** Check if traverouts de of Taxasi Complete Schedule T Chark if Austin IIX off deno per tiving expense Candidate / Officenoider name Office sought Complete ONLY if direct Office held expenditure to benefit CiOH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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
AccountingBanking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense GrfVAwards/Memonals Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Pinting Expense Salanes/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (Arthur a extensive selected by a control of the Control of th

Candidate/Officeholder/Politica Credit Card Payment		Nages/Contract Labor	Other (enter a category not listed above)
Great Cara Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1	2 FILER NAME Robert Vasquez Sr.		3 Filer ID (Ethics Commission Filers)
4 Date 02/09/2024	5 Payee name KOPY FM		
6 Amount (S)	7 Payee address:	City;	State; Zip Code
50.00	PO Box 731 Alice, TX 78333		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Political Ad	
	(C) 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/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
02/15/2024	Walmart Supercenter		
Amount (\$)	Payee address;	City;	State; Zip Code
73.83	2701 E Main St Alice, TX 78333		
•	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Printing Expense	Printer Ink	
	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	Office held
Date	Payee name		
02/19/2024	Home Depot		
Amount (\$)	Payee address:	City	State Zip Code
10.72	13202 Leopard St. Corpus Christi, T	X 78410	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Event Expense	Lumber for Polit	ical Signs
	Check if travel outside of Texas. Complete Schedule T	Check of Austin	TX officenoider living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	DED

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/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1			3 Filer ID (Ethic	s Commission File	ers)	
4	Robert Vasquez Sr					
4 Date 03/05/2024	Best Little Pourhouse					
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code		
300.00	549 E Orange Ave Orange Grove,	TX 78372				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE	Event Expense	Food & Drinks				
OF EXPENDITURE	•					
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name DH	Office sought		Office held		
Date	Payee name					
05/17/2024	KOPY FM					
Amount (\$)	Payee address;	City;	State;	Zip Code		
150.00	PO Box 731 Alice, TX 78333					
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Advertising Expense	Political Ad				
	Check if travel outside of Texas. Complete Schedule T.	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought		Office held		
Date	Payee name					
05/19/2024	Walmart Supercenter					
Amount (\$)	Payee address;	City;	State;	Zip Code		
56.83	2701 E Main St Alice, TX 78333					
·-····································	Category (See Categories listed at the top of this schedule)	Description		****		
PURPOSE OF EXPENDITURE	Printing Expense	Cardstock supp	lies			
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought		Office held		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	DED			

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expanse
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/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

	The mention duties explains flow to t			
1 Total pages Schedule F1:	2 FILER NAME Robert Vasquez Sr		3 Filer ID (Ethic	cs Commission Filers)
<u> </u>	·			
4 Date 05/28/2024	5 Payee name Best Little Pourhouse			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
300.00	549 E Orange Ave Orange Grove, Ti	X 78372		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	Event Expense	Food & Drink		
OF EXPENDITURE	·			
<u></u>	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name 러	Office sought		Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
, , , ,	1 ayos aggrega	<i></i>	Julio,	21p 0000
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE				
OF EXPENDITURE				
EXPENDITORL		<u> </u>		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
Date	r dyes hams			
Amount (\$)	Payee address;	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE				
	Check if travel outside of Texas, Complete Schedule T,	Check If Austi	n, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

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/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

orous out of aymon	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule G:	² FILER NAME Robert Vasquez Sr.	3	Filer ID (Ethics C	Commission Filers)
4 Date 02/07/2024	5 Payee name Alice Echo News Journal			
6 Amount (\$) 100.00 Reimbursement from political contributions intended	7 Payee address; 601 E Main St Suite 140 Alice, TX 78333	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Political Ad		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, T	K, officeholder living exp	ense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	C	Office held
Date 02/09/2024	Payee name KOPY FM			
Amount (\$) 100.00 Reimbursement from political contributions intended	Payee address; PO Box 731 Alice, TX 78333	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Political Ad on R	adio	
	Check if travel outside of Texas. Complete Schedule T.	T. Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought Office held		Office held
Date 05/19/2024	Payee name Walmart Supercenter			
Amount (\$) 11.83 Reimbursement from political contributions intended	Payee address; 2701 E Main St Alice, TX 78333	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Cardstock suppl	lies	
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin, T	X, officeholder living exp	ense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	C	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDEL)	