

# 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>8</b>								
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR      FIRST      MI <b>Mr. Robert</b> <hr/> NICKNAME      LAST      SUFFIX <b>Vasquez</b> <b>Sr</b>	<b>OFFICE USE ONLY</b> Date Received <b>FILED</b> AT <b>4:40</b> O'CLOCK <b>PM</b>  <b>MAY 20 2024</b> JC Perez III, Co. Clerk Jim Wells Co., Texas By <i>[Signature]</i> Deputy									
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> Change of Address	ADDRESS / PO BOX:      APT / SUITE #:      CITY:      STATE:      ZIP CODE <b>641 County Rd 3561</b> <b>Orange Grove, Tx 78372</b>	Date Hand-delivered or Date Postmarked  Receipt #      Amount \$ Date Processed Date Imaged									
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE      PHONE NUMBER      EXTENSION <b>(361 )      453-0531</b>										
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR      FIRST      MI <b>Mrs. Thelma</b> <hr/> NICKNAME      LAST      SUFFIX <b>Vasquez</b>										
<b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE):      APT / SUITE #:      CITY:      STATE:      ZIP CODE <b>641 County Rd 3561</b> <b>Orange Grove, Tx 78372</b>										
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE      PHONE NUMBER      EXTENSION <b>(361 )      207-1659</b>										
<b>9 REPORT TYPE</b>	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> January 15      <input type="checkbox"/> 30th day before election      <input checked="" type="checkbox"/> Runoff                             </div> <div> <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)                             </div> </div> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> July 15      <input type="checkbox"/> 8th day before election      <input type="checkbox"/> Exceeded Modified Reporting Limit                             </div> <div> <input type="checkbox"/> Final Report (Attach C/OH - FR)                             </div> </div>										
<b>10 PERIOD COVERED</b>	Month      Day      Year      Month      Day      Year <b>2      /      27      /      24      THROUGH      5      /      18      /      24</b>										
<b>11 ELECTION</b>	ELECTION DATE      ELECTION TYPE <div style="display: flex; justify-content: space-between;"> <div>                     Month      Day      Year  <b>5      /      28      /      24</b> </div> <div> <input type="checkbox"/> Primary      <input checked="" type="checkbox"/> Runoff      <input type="checkbox"/> Other Description  <input type="checkbox"/> General      <input type="checkbox"/> Special                             </div> </div>										
<b>12 OFFICE</b>	OFFICE HELD (if any)	<b>13 OFFICE SOUGHT (if known)</b> <b>Jim Wells County Pct 5 Constable</b>									
<b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b>  Additional Pages	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. <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE	COMMITTEE NAME										
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS										
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME										
	COMMITTEE CAMPAIGN TREASURER ADDRESS										

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

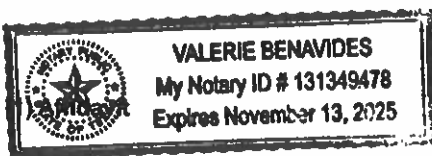
FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME Robert Vasquez Sr.		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. 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	\$ 2,310.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 345.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 SIGNATURE 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.

*Robert Vasquez Sr.*  
Signature of Candidate or Officeholder

Please complete either option below:



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Robert Vasquez Sr. this the 20th day of May, 2024 to certify which, witness my hand and seal of office.

Valerie Benavides Notary Public  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

## (2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_ (street) \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code) \_\_\_\_\_ (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ (month) (year)

Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

Robert Vasquez Sr

20 Filer ID (Ethics Commission 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	\$ 2,110.00
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 FUNDS	\$ 200.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

**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 complete this form.		1 Total pages Schedule A1: 1
2 FILER NAME Robert VasquezSr.		3 Filer ID (Ethics Commission Filers)
4 Date 12/11/2023	5 Full name of contributor Allen Green out-of-state PAC (ID# _____) 6 Contributor address, City, State, Zip Code 107 E Starke Orange Grove, TX 78372	7 Amount of contribution (\$)  500.00
8 Principal occupation / Job title (See Instructions) Business Owner		9 Employer (See Instructions) N/A
Date 12/20/2023	Full name of contributor Hugo Conchas out-of-state PAC (ID# _____) Contributor address, City, State, Zip Code 416 E Orange Ave. Orange Grove, TX 78372	Amount of contribution (\$)  280.00
Principal occupation / Job title (See Instructions) Cook		Employer (See Instructions) Las Magueyes Restaurant
Date 12/08/2023	Full name of contributor Aaron Ramirez out-of-state PAC (ID# _____) Contributor address, City, State, Zip Code 732 Loma Alice, TX 78332	Amount of contribution (\$)  375.00
Principal occupation / Job title (See Instructions) Legal Assistant		Employer (See Instructions) Jim Wells County
Date 12/21/2023	Full name of contributor South Texas Oilfield Solutions out-of-state PAC (ID# _____) Contributor address, City, State, Zip Code 411 N. Flournoy Alice TX 78332	Amount of contribution (\$)  1,300.00
Principal occupation / Job title (See Instructions) Business		Employer (See Instructions) N/A
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### 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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1 <b>1</b>		<b>2</b> FILER NAME Robert Vasquez Sr.		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 12/04/2023		<b>5</b> Payee name Jim Wells County Republican Party			
<b>6</b> Amount (\$) 375.00		<b>7</b> Payee address:		City:	State: Zip Code
<b>8</b>  PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees		<b>(b)</b> Description Filing Fee	
		<b>(c)</b> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX officeholder living expense <input type="checkbox"/>			
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 12/15/2023		Payee name KOPY FM			
Amount (\$) 100.00		Payee address:		City:	State: Zip Code
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) Advertising Expense		Description Candidate Christmas Greeting on radio station	
		Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX officeholder living expense <input type="checkbox"/>			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 12/21/2023		Payee name Exclusive Designs LLC			
Amount (\$) 1,050.45		Payee address:		City:	State: Zip Code
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) Printing Expense		Description Campaign Signs	
		Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX officeholder living expense <input type="checkbox"/>			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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/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 <b>3</b>	2 FILER NAME Robert Vasquez Sr.	3 Filer ID (Ethics Commission Filers)
4 Date 02/09/2024	5 Payee name KOPY FM	
6 Amount (\$) 50.00	7 Payee address: City: State: Zip Code PO Box 731 Alice, TX 78333	
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, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 02/15/2024	Payee name Walmart Supercenter	
Amount (\$) 73.83	Payee address: City: State: Zip Code 2701 E Main St Alice, TX 78333	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Printer Ink
	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	Office sought Office held
Date 02/19/2024	Payee name Home Depot	
Amount (\$) 10.72	Payee address: City: State: Zip Code 13202 Leopard St. Corpus Christi, TX 78410	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Lumber for Political Signs
	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	Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

# 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/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: <b>3</b>		2 FILER NAME <b>Robert Vasquez Sr</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>03/05/2024</b>		5 Payee name <b>Best Little Pourhouse</b>			
6 Amount (\$) <b>300.00</b>		7 Payee address; City; State; Zip Code <b>549 E Orange Ave Orange Grove, Tx 78372</b>			
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Event Expense</b>		(b) Description <b>Food &amp; Drinks</b>		
	(c) 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/OH		Candidate / Officeholder name Office sought Office held			
Date <b>05/17/2024</b>		Payee name <b>KOPY FM</b>			
Amount (\$) <b>150.00</b>		Payee address; City; State; Zip Code <b>PO Box 731 Alice, Tx 78333</b>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>		Description <b>Political Ad</b>		
	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			
Amount (\$)		Payee address; City; State; Zip Code			
<b>PURPOSE OF EXPENDITURE</b>	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 Office held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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  
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 G: 1	2 FILER NAME Robert Vasquez Sr.	3 Filer ID (Ethics 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, City, State, Zip Code 601 E Main St Suite 140 Alice, TX 78333	
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, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 02/09/2024	Payee name KOPY FM	
Amount (\$) 100.00 Reimbursement from political contributions intended	Payee address, City, State, Zip Code PO Box 731 Alice, TX 78333	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Political Ad on Radio
	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 Office sought Office 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 ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		