

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1 Filer ID</b> (Ethics Commission Filers) 00087541	<b>2 Total pages filed:</b> 34	
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR Ms.	FIRST Nancy	MI	<b>OFFICE USE ONLY</b> Date Received <b>ELECTRONICALLY FILED</b> 07/17/2023
	NICKNAME	LAST Casas	SUFFIX	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 8900 Viscount Blvd. #AN-618 El Paso, TX 79925		Date Hand-delivered or Date Postmarked	
			Receipt #	Amount
			Date Processed	
			Date Imaged	
<b>5 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR Ms.	FIRST Laura	MI	
	NICKNAME	LAST Garcia	SUFFIX	
<b>6 CAMPAIGN TREASURER ADDRESS</b>  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 8900 Viscount Blvd #AN-618 El Paso, TX 79925			
<b>7 CAMPAIGN TREASURER PHONE</b>	AREA CODE (915)	PHONE NUMBER 526-3956	EXTENSION	
<b>8 REPORT TYPE</b>	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)			
	<input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)			
<b>9 PERIOD COVERED</b>	Month    Day    Year 01/01/2023	THROUGH		Month    Day    Year 06/30/2023
<b>10 ELECTION</b>	ELECTION DATE Month    Day    Year 03/05/2024		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	
<b>11 OFFICE</b>	OFFICE HELD (if any)		<b>12 OFFICE SOUGHT (if known)</b> District Attorney (Multi-county) District 34	

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# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

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**13** C / OH NAME Casas, Nancy (Ms.) **14** Filer ID (Ethics Commission Filers)  
00087541

**15** NOTICE FROM POLITICAL COMMITTEE(S)  
 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.

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

<b>16</b> 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)	\$	11,944.71
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	5,583.30
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	9,156.86
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

**17** 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.

Ms. Nancy Casas  
\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering      Printed name of officer administering      Title of officer administering oath

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

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<b>18 FILER NAME</b> Casas, Nancy (Ms.)		<b>19 Filer ID</b> 00087541	(Ethics Commission Filers)
<b>20 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	10,981.80
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	962.91
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$	
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	1,624.29
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	3,959.01
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/19 Rpt: 4/34
<b>2</b> FILER NAME Casas, Nancy (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00087541
<b>4</b> Date 04/09/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Adkins, Sonya <hr/> <b>6</b> Contributor address; City; State; Zip Code  El Paso, TX 79930	<b>7</b> Amount of Contribution (\$)  \$105.58
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Aguirre, Antonietta <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79912	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Arroyo, Vivian <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79925	Amount of Contribution (\$)  \$105.58
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Balderrama, Francisco <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79938	Amount of Contribution (\$)  \$21.37
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bowle, Mary <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79928	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/19 Rpt: 5/34
<b>2</b> FILER NAME Casas, Nancy (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00087541
<b>4</b> Date 05/11/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Boyar Trejo, Cynthia <hr/> <b>6</b> Contributor address; City; State; Zip Code  El Paso, TX 79997	<b>7</b> Amount of Contribution (\$)  \$52.95
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 06/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Boyd, Marty <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79932	Amount of Contribution (\$)  \$21.37
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Briseno, Sylvia <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79932	Amount of Contribution (\$)  \$31.89
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Caire, Yurida <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79902	Amount of Contribution (\$)  \$70.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Campbell, Terry <hr/> Contributor address; City; State; Zip Code  Oro Valley, AZ 85755	Amount of Contribution (\$)  \$52.95
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/19 Rpt: 6/34
<b>2</b> FILER NAME Casas, Nancy (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00087541
<b>4</b> Date 05/11/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Carbaja, Bertha <hr/> <b>6</b> Contributor address; City; State; Zip Code  El Paso, TX 79938	<b>7</b> Amount of Contribution (\$)  \$210.84
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 04/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Casa, Rosamaria <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79936	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Casas, Aurora <hr/> Contributor address; City; State; Zip Code  Downey, CA 90240	Amount of Contribution (\$)  \$210.84
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Casas, Felix <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79936	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 04/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Casas, Jeannette <hr/> Contributor address; City; State; Zip Code  Whittier, CA 90606	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/19 Rpt: 7/34
<b>2</b> FILER NAME Casas, Nancy (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00087541
<b>4</b> Date 04/07/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Casas, Victor <hr/> <b>6</b> Contributor address; City; State; Zip Code  Bell Gardens, CA 90201	<b>7</b> Amount of Contribution (\$)  \$52.95
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 05/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chacon, Elsa <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79925	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chavez, Fernando <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79912	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Collins, Daniel <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79930	Amount of Contribution (\$)  \$105.58
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cutwright, Theresa <hr/> Contributor address; City; State; Zip Code  Meridian, MS 39301	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/19 Rpt: 8/34
<b>2</b> FILER NAME Casas, Nancy (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00087541
<b>4</b> Date 05/11/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dominguez, Ana <hr/> <b>6</b> Contributor address; City; State; Zip Code  El Paso, TX 79912	<b>7</b> Amount of Contribution (\$)  \$500.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 04/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Duarte, Marean <hr/> Contributor address; City; State; Zip Code  Washington, DC 20008	Amount of Contribution (\$)  \$52.95
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Edwards, Louis <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79901	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Engels, Jan <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79903	Amount of Contribution (\$)  \$35.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Escamilla, Alberto <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79936	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/19 Rpt: 9/34
<b>2</b> FILER NAME Casas, Nancy (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00087541
<b>4</b> Date 06/10/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Estrella, Rosario <hr/> <b>6</b> Contributor address; City; State; Zip Code  El Paso, TX 79915	<b>7</b> Amount of Contribution (\$)  \$20.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 05/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fierro, Enriqueta <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79925	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ford, Christina <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79936	Amount of Contribution (\$)  \$52.95
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fuentes, Martha <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79934	Amount of Contribution (\$)  \$170.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garcia, Laura <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79902	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/19 Rpt: 10/34
<b>2</b> FILER NAME Casas, Nancy (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00087541
<b>4</b> Date 05/11/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gonzalez, Cristina	<b>7</b> Amount of Contribution (\$) \$105.58
<b>6</b> Contributor address; City; State; Zip Code  El Paso Texas, TX 79938-4752		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 05/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gutierrez, Luiz	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code  El Paso, TX 79901		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gutierrez, Yahara	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  El Paso, TX 79912		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hernandez, Rosalva	Amount of Contribution (\$) \$125.00
Contributor address; City; State; Zip Code  El Paso, TX 79936		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Inciriaga, Julia	Amount of Contribution (\$) \$105.58
Contributor address; City; State; Zip Code  El Paso, TX 79934		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 8/19 Rpt: 11/34
2 FILER NAME Casas, Nancy (Ms.)		3 Filer ID (Ethics Commission Filers) 00087541
4 Date 04/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Islas, Patricia	7 Amount of Contribution (\$)  \$105.58
	6 Contributor address; City; State; Zip Code  El Paso, TX 79912	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jackson, Nicholas	Amount of Contribution (\$)  \$105.58
	Contributor address; City; State; Zip Code  Dallas, TX 75287	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jimenez, Antonio	Amount of Contribution (\$)  \$263.47
	Contributor address; City; State; Zip Code  El paso, TX 79935	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Juarez, Joann	Amount of Contribution (\$)  \$50.00
	Contributor address; City; State; Zip Code  Santa Teresa, NM 88008	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Labrado, Abel	Amount of Contribution (\$)  \$210.84
	Contributor address; City; State; Zip Code  El Paso, TX 79928	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/19 Rpt: 12/34
<b>2</b> FILER NAME Casas, Nancy (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00087541
<b>4</b> Date 05/11/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Labrado, Luis <hr/> <b>6</b> Contributor address; City; State; Zip Code  El Paso, TX 79930	<b>7</b> Amount of Contribution (\$)  \$250.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 05/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lozano, Raul <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79936	Amount of Contribution (\$)  \$52.95
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lucero, Beatriz <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79915	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Maldonado, Horacio <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79903	Amount of Contribution (\$)  \$52.95
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Marquez, Mario <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79938	Amount of Contribution (\$)  \$210.84
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/19 Rpt: 13/34
<b>2</b> FILER NAME Casas, Nancy (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00087541
<b>4</b> Date 06/25/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Martin, Cheryl <hr/> <b>6</b> Contributor address; City; State; Zip Code  El Paso, TX 79902	<b>7</b> Amount of Contribution (\$)  \$126.63
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 05/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Masters, Leah <hr/> Contributor address; City; State; Zip Code  EL PASO, TX 79922	Amount of Contribution (\$)  \$105.58
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McCary, Kevin <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79902	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Melver, Jimmy <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79924	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Millan, Felipe <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79902	Amount of Contribution (\$)  \$150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/19 Rpt: 14/34
<b>2</b> FILER NAME Casas, Nancy (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00087541
<b>4</b> Date 04/02/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Miranda, Ilda <hr/> <b>6</b> Contributor address; City; State; Zip Code  El Paso, TX 79936	<b>7</b> Amount of Contribution (\$)  \$20.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 05/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mletzko, Ofelia <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79936	Amount of Contribution (\$)  \$105.58
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Morales, Denise <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79932	Amount of Contribution (\$)  \$500.32
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Moyer DeFelice, Becca <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78209	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Najera, Jose <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79927	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 12/19 Rpt: 15/34
<b>2</b> FILER NAME Casas, Nancy (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00087541
<b>4</b> Date 05/11/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Naylor, Mirna	<b>7</b> Amount of Contribution (\$) \$52.95
<b>6</b> Contributor address; City; State; Zip Code  El Paso, TX 79936		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 04/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nicely, Andrea	Amount of Contribution (\$) \$21.37
Contributor address; City; State; Zip Code  El Paso, TX 79927		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olivar, Joe	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  El Paso, TX 79912		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peregrino, Sylvia	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  El Paso, TX 79938		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peregrino, Sylvia	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  El Paso, TX 79938		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 13/19 Rpt: 16/34
<b>2</b> FILER NAME Casas, Nancy (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00087541
<b>4</b> Date 05/30/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pierre, Fainot <hr/> <b>6</b> Contributor address; City; State; Zip Code  El Paso, TX 79904	<b>7</b> Amount of Contribution (\$)  \$15.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 04/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Primoli, Dennis <hr/> Contributor address; City; State; Zip Code  Eatonville, WA 98328	Amount of Contribution (\$)  \$105.58
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rago, Jeff <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79912	Amount of Contribution (\$)  \$26.63
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rago, Jeff <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79912	Amount of Contribution (\$)  \$26.63
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reed, Gabriella <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79936	Amount of Contribution (\$)  \$52.95
Principal occupation / Job title (See Instructions)		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 14/19 Rpt: 17/34
<b>2</b> FILER NAME Casas, Nancy (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00087541
<b>4</b> Date 05/11/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Renteria, Cynthia <hr/> <b>6</b> Contributor address; City; State; Zip Code  El Paso, TX 79905	<b>7</b> Amount of Contribution (\$)  \$105.58
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 04/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rey, Christopher <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79938	Amount of Contribution (\$)  \$105.58
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reyes, Ximo <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79912-4211	Amount of Contribution (\$)  \$263.47
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rios, Edward <hr/> Contributor address; City; State; Zip Code  Austin, TX 78739	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rivera, Omar <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79928	Amount of Contribution (\$)  \$263.47
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 15/19 Rpt: 18/34
<b>2</b> FILER NAME Casas, Nancy (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00087541
<b>4</b> Date 05/11/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rockwell, Tresa <hr/> <b>6</b> Contributor address; City; State; Zip Code  El paso, TX 79912	<b>7</b> Amount of Contribution (\$)  \$105.58
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 05/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rodriguez, Daniel <hr/> Contributor address; City; State; Zip Code  El paso, TX 79938	Amount of Contribution (\$)  \$52.95
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rodriguez, Juan M <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79922	Amount of Contribution (\$)  \$158.21
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rojas, Robert <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79928	Amount of Contribution (\$)  \$26.63
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rojas, Robert <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79928	Amount of Contribution (\$)  \$26.63
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 16/19 Rpt: 19/34
<b>2</b> FILER NAME Casas, Nancy (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00087541
<b>4</b> Date 05/14/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rojas, Robert	<b>7</b> Amount of Contribution (\$) \$26.63
	<b>6</b> Contributor address; City; State; Zip Code  El Paso, TX 79928	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
<b>Date</b> 06/14/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rojas, Robert	<b>Amount of Contribution (\$)</b> \$26.63
	<b>Contributor address; City; State; Zip Code</b>  El Paso, TX 79928	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 06/29/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rosas, Alicia	<b>Amount of Contribution (\$)</b> \$37.00
	<b>Contributor address; City; State; Zip Code</b>  El Paso, TX 79936	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 05/15/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rubio, Rito	<b>Amount of Contribution (\$)</b> \$52.95
	<b>Contributor address; City; State; Zip Code</b>  El Paso, TX 79907	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 05/03/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schlesinger, John	<b>Amount of Contribution (\$)</b> \$26.63
	<b>Contributor address; City; State; Zip Code</b>  El Paso, TX 79912	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 17/19 Rpt: 20/34
<b>2</b> FILER NAME Casas, Nancy (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00087541
<b>4</b> Date 05/03/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Shi, Ted	<b>7</b> Amount of Contribution (\$)  \$10.84
<b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77098		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 05/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Staudt, Kathleen	Amount of Contribution (\$)  \$200.00
Contributor address; City; State; Zip Code  El Paso, TX 79912		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stillinger, Mary	Amount of Contribution (\$)  \$210.84
Contributor address; City; State; Zip Code  El Paso, TX 79902		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tomlison, Mykle	Amount of Contribution (\$)  \$1.00
Contributor address; City; State; Zip Code  Dale, TX 78616		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Valenzuela, Lupe	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code  Ontario, CA 91764		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 18/19 Rpt: 21/34
<b>2</b> FILER NAME Casas, Nancy (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00087541
<b>4</b> Date 05/13/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valverde, Ray	<b>7</b> Amount of Contribution (\$)  \$150.00
<b>6</b> Contributor address; City; State; Zip Code  El Paso, TX 79902		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 05/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Matre, Geneva	Amount of Contribution (\$)  \$526.63
Contributor address; City; State; Zip Code  El Paso, TX 79925		
Principal occupation / Job title (See Instructions) Administrator/Part Owner		Employer (See Instructions) Great Western Land Surveying
Date 04/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watt, Veronica	Amount of Contribution (\$)  \$42.42
Contributor address; City; State; Zip Code  El Paso, TX 79907		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wedemeyer, Jacob	Amount of Contribution (\$)  \$105.58
Contributor address; City; State; Zip Code  El Paso, TX 79912		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weeks, Wyatt	Amount of Contribution (\$)  \$500.00
Contributor address; City; State; Zip Code  Spokane, WA 99207		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 19/19 Rpt: 22/34
<b>2</b> FILER NAME Casas, Nancy (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00087541
<b>4</b> Date 05/03/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Whatley, Charles	<b>7</b> Amount of Contribution (\$) \$105.58
<b>6</b> Contributor address; City; State; Zip Code  El Paso, TX 79912		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 04/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Zarur, Victor	Amount of Contribution (\$) \$105.58
Contributor address; City; State; Zip Code  El Paso, TX 79927		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Zuniga, Gabriela	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  El Paso, TX 79936		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A2: Sch: 1/2 Rpt: 23/34	
2 FILER NAME Casas, Nancy (Ms.)		3 Filer ID (Ethics Commission Filers) 00087541	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 05/10/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) A & A Customer Engravers	8 Amount of contribution (\$) \$120.00	9 In-kind contribution description Banners for Kick-off event
	7 Contributor address; City; State; Zip Code  El Paso, TX 79915		
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (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 05/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chavez, Marie	Amount of contribution (\$) \$29.66	In-kind contribution description Ballons for Kick-off event
	Contributor address; City; State; Zip Code  El Paso, TX 79927		
Principal occupation / 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)			
Date 06/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morales, Sofia	Amount of contribution (\$) \$43.30	In-kind contribution description Decorations for campaign event
	Contributor address; City; State; Zip Code  El Paso, TX 79936		
Principal occupation / 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)			

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A2: Sch: 2/2 Rpt: 24/34	
<b>2</b> FILER NAME Casas, Nancy (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00087541	
<b>4</b> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
<b>5</b> Date 06/04/2023	<b>6</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Prado, Eddy <hr/> <b>7</b> Contributor address; City; State; Zip Code  Clint, TX 79836	<b>8</b> Amount of contribution (\$) \$19.95	<b>9</b> In-kind contribution description Water for campaign event   <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
<b>10</b> Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		<b>11</b> Employer (FOR NON-JUDICIAL) (See instructions)	
<b>12</b> Contributor's principal occupation (FOR JUDICIAL)		<b>13</b> Contributor's job title (FOR JUDICIAL) (See instructions)	
<b>14</b> Contributor's employer/law firm (FOR JUDICIAL)		<b>15</b> Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
<b>16</b> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<b>Date</b> 05/02/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) SELA KR8S <hr/> <b>Contributor address; City; State; Zip Code</b>  Bell Gardens, CA 90201	<b>Amount of contribution (\$)</b> \$750.00	<b>In-kind contribution description</b> Shirts and caps for campaign event   <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
<b>Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)</b>		<b>Employer (FOR NON-JUDICIAL) (See instructions)</b>	
<b>Contributor's principal occupation (FOR JUDICIAL)</b>		<b>Contributor's job title (FOR JUDICIAL) (See instructions)</b>	
<b>Contributor's employer/law firm (FOR JUDICIAL)</b>		<b>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</b>	
<b>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</b>			



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**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.

<b>1</b> Total pages Schedule F1: Sch: 1/3 Rpt: 25/34	<b>2</b> FILER NAME Casas, Nancy (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00087541
<b>4</b> Date 06/30/2023	<b>5</b> Payee name ActBlue Texas	
<b>6</b> Amount (\$) \$31.80	<b>7</b> Payee address; City; State; Zip Code PO Box 441146  Somerville, MA 02144	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation processing fees
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/30/2023	Payee name Donate Way	
Amount (\$) \$318.61	Payee address; City; State; Zip Code PO Box 300781  Austin, TX 78703	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation processing fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/09/2023	Payee name EPISD Print Shop & Copy Center	
Amount (\$) \$330.16	Payee address; City; State; Zip Code 1014 N Stanton  El Paso, TX 79902	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Business Cards
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**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.

<b>1</b> Total pages Schedule F1: Sch: 2/3 Rpt: 26/34	<b>2</b> FILER NAME Casas, Nancy (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00087541
<b>4</b> Date 04/12/2023	<b>5</b> Payee name Government Employees Credit Union	
<b>6</b> Amount (\$) \$40.64	<b>7</b> Payee address; City; State; Zip Code PO Box 209980  El Paso, TX 79998	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Checks
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/30/2023	Payee name Government Employees Credit Union	
Amount (\$) \$3.00	Payee address; City; State; Zip Code PO Box 20998  El Paso, TX 79998	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mailed Statement Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/20/2023	Payee name Loya, Manny	
Amount (\$) \$324.75	Payee address; City; State; Zip Code 11725 Desert Rain Ct Apt #D  El Paso, TX 79936	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) OTHER	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Photoshoot
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES 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 -<br>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.

<b>1</b> Total pages Schedule F1: Sch: 3/3 Rpt: 27/34	<b>2</b> FILER NAME Casas, Nancy (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00087541
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<b>4</b> Date 06/14/2023	<b>5</b> Payee name One Stop Print Shop
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<b>6</b> Amount (\$) \$487.13	<b>7</b> Payee address; City; State; Zip Code 7800 North Loop Dr  El Paso, TX 79915
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing for campaign postcards
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 05/15/2023	Payee name United States Postal Service
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Amount (\$) \$88.20	Payee address; City; State; Zip Code 7314 Gateway Blvd E  El Paso, TX 79915
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postage
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

## SCHEDULE G

### 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.

<b>1</b> Total pages Schedule G: Sch: 1/7 Rpt: 28/34	<b>2</b> FILER NAME Casas, Nancy (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00087541
<b>4</b> Date 05/11/2023	<b>5</b> Payee name 501 Bar & Bistro	
<b>6</b> Amount (\$) \$1,571.06  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 501 Texas Ave  El Paso, TX 79902	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food forkick-off e event
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 04/23/2023	Payee name Amazon.com	
Amount (\$) \$17.40  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 410 Terry Ave North  Seattle, WA 98109-5210	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Clipboards for volunteers
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 04/28/2023	Payee name Amazon.com	
Amount (\$) \$17.71  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 410 Terry Ave North  Seattle, WA 98109-5210	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Clipboards for volunteers
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

## 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.

<b>1</b> Total pages Schedule G: Sch: 2/7 Rpt: 29/34	<b>2</b> FILER NAME Casas, Nancy (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00087541
<b>4</b> Date 04/30/2023	<b>5</b> Payee name Amazon.com	
<b>6</b> Amount (\$) \$30.30  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 410 Terry Ave North  Seattle, WA 98109-5210	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Thank you cards
	<b>9</b> Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 05/03/2023	Payee name Amazon.com	
Amount (\$) \$94.14  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 410 Terry Ave North  Seattle, WA 98109-5210	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Decorations for kick-off evnt
	<b>9</b> Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 06/23/2023	Payee name Amazon.com	
Amount (\$) \$35.25  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 410 Terry Ave North  Seattle, WA 98109-5210	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Label Tape
	<b>9</b> Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

## SCHEDULE G

### 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.

<b>1</b> Total pages Schedule G: Sch: 3/7 Rpt: 30/34	<b>2</b> FILER NAME Casas, Nancy (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00087541
<b>4</b> Date 05/11/2023	<b>5</b> Payee name Dollar Tree	
<b>6</b> Amount (\$) \$14.88  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 1461 Lee Trevino  El Paso, TX 79936	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office supplies for kick-off event
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 06/01/2023	Payee name Ebay.com	
Amount (\$) \$12.98  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2025 Hamilton Ave  San Jose, CA 95125	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Name tags for volunteers
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 06/02/2023	Payee name Ebay.com	
Amount (\$) \$7.58  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2025 Hamilton Ave  San Jose, CA 95125	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Magnetic pins for name tags
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

## SCHEDULE G

### 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.

<b>1</b> Total pages Schedule G: Sch: 4/7 Rpt: 31/34	<b>2</b> FILER NAME Casas, Nancy (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00087541
<b>4</b> Date 06/02/2023	<b>5</b> Payee name Ebay.com	
<b>6</b> Amount (\$) \$15.90  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 2025 Hamilton Ave  San Jose, CA 95125	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Name tags for volunteers
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 06/06/2023	Payee name El Paso Young Lawyers Association	
Amount (\$) \$600.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 201 E Main Suite 1100  El Paso, TX 79901	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Sponsorship for golf team campaign event
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 06/19/2023	Payee name Jefferson HS Class of 1973	
Amount (\$) \$150.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 10732 Aldana Ct  El Paso, TX 79935	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Sponsorship for golf team campaign event
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

## SCHEDULE G

### 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.

<b>1</b> Total pages Schedule G: Sch: 5/7 Rpt: 32/34	<b>2</b> FILER NAME Casas, Nancy (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00087541
<b>4</b> Date 05/03/2023	<b>5</b> Payee name One Stop Print Shop	
<b>6</b> Amount (\$) \$27.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 7800 North Loop Dr  El Paso, TX 79915	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing for kick-off event flyers
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 05/05/2023	Payee name One Stop Print Shop	
Amount (\$) \$216.50  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 7800 North Loop Dr  El Paso, TX 79915	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing for forms, flyers, business cards
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 05/31/2023	Payee name One Stop Print Shop	
Amount (\$) \$30.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 7800 North Loop Dr  El Paso, TX 79915	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Coverstock for flyers
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held



# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

### 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.

<b>1</b> Total pages Schedule G: Sch: 6/7 Rpt: 33/34	<b>2</b> FILER NAME Casas, Nancy (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00087541
<b>4</b> Date 06/27/2023	<b>5</b> Payee name One Stop Print Shop	
<b>6</b> Amount (\$) \$135.31  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 7800 North Loop Dr  El Paso, TX 79915	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing for campaign cards
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/10/2023	Payee name Sam's Club	
Amount (\$) \$43.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 11360 Pelicano Dr  El Paso, TX 79936	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office supplies for kick-off event
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/07/2023	Payee name Tejano Democratic Party	
Amount (\$) \$30.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 140 S Kenazo Ave  Horizon City, TX 79928	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Annual membership
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

## SCHEDULE G

### 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.

<b>1</b> Total pages Schedule G: Sch: 7/7 Rpt: 34/34	<b>2</b> FILER NAME Casas, Nancy (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00087541
<b>4</b> Date 06/07/2023	<b>5</b> Payee name Tejano Democratic Party	
<b>6</b> Amount (\$) \$320.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 140 S Kenazo Ave  Horizon City, TX 79928	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 2 tables for campaign event
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name _____ Office sought _____ Office held _____	
Date 06/28/2023	Payee name The Silhouette Social & Civic Club	
Amount (\$) \$350.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code PO Box 4761  El Paso, TX 79914	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 2 tables for campaign event
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name _____ Office sought _____ Office held _____	
Date 06/30/2023	Payee name The UPS Store	
Amount (\$) \$240.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 8900 Viscount Blvd  El Paso, TX 79915	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mail Box Rental
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name _____ Office sought _____ Office held _____	