## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to com	plete this form.	1 Filer ID (Ethics Comm 00087541		2 Total pages file	
3 CANDIDATE /	MS / MRS / MR	FIRST	•	MI	OFFICE U	SF ONLY
OFFICEHOLDER NAME	Ms.	Nancy			Date Received  ELECTRONICA	
					02/05/2024	LLI FILLD
	NICKNAME	LAST		SUFFIX	02/03/2024	
		Casas			<u> </u>	
4 CANDIDATE /	ADDRESS / PO BOX; AP	T / SUITE #; CIT	ГΥ;	ZIP CODE	Date Hand-delivered or I	Date Postmarked
OFFICEHOLDER MAILING	8900 Viscount Blvd.				<u></u>	1
ADDRESS	#AN-618				Receipt #	Amount
Change of Address	El Paso, TX 79925				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER NAME	Ms.	Laura				
	NICKNAME	LAST		SUFFIX	•••••	
		Garcia				
6 CAMPAIGN	STREET ADDRESS (NO P	O BOX PLEASE);	AP	PT / SUITE #; CITY;	STAT	TE; ZIP CODE
TREASURER ADDRESS	8900 Viscount Blvd					
	#AN-618					
(Residence or Business)	El Paso, TX 79925					
	1354 0005 PH		=: (TENION)			
7 CAMPAIGN TREASURER		ONE NUMBER I	EXTENSION			
PHONE	(915) 526-3956					
8 REPORT	+					
TYPE	January 15	X 30th day before	e election	Runoff	15th day after cam	paign treasurer
		_		<u></u>	appointment (office	eholder only)
	July 15	8th day before	election	Exceeded modified reporting limit	Final Report (Attac	ch C/OH-FR)
\$ DEDIOD	Marth Day Year	-				
9 PERIOD COVERED	Month Day Year 01/01/2024		HROUGH	Month Day 01/25/202	Year 4	
	01/01/2024	••	HROUGII	01/23/2024	4	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	·   XF	Primary	Runoff	Other	
	03/05/2024		General	Special		
		"	Jenerai	ορεσιαί		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)	
	Of FIGE FIELD (ii airy)				(Multi-county) Dist	trict 34 El paso,
				Culberson, and F		
		GO <sup>¬</sup>	TO PAGE 2			

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

2 of 11

13 C / OH NAME	Casas, Nancy (Ms.)		14 Filer ID 00087541	(Ethics Con	nmission Filers)			
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures may have be	political expenditures made by political en made without the candidate's or offi ort this information only if they receive r	iceholder's kn	nowledge or			
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME						
	GENERAL							
		COMMITTEE ADDRESS						
	SPECIFIC							
		COMMITTEE CAMPAIGN TREA	SURER NAME					
		COMMITTEE CAMPAIGN TREA	SURER ADDRESS					
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTION ES OF LOANS, OR CONTRIBUTI	\$	0.00				
		<b>AL CONTRIBUTIONS</b> LEDGES, LOANS, OR GUARAN	TEES OF LOANS)	\$	1,490.37			
EXPENDITURE TOTALS								
	4. TOTAL POLITICAL EXPENDITURES							
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		ED AS OF THE LAST DAY OF THE	\$	14,250.49			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR		DING LOANS AS OF THE LAST DAY	\$	0.00			
<b>17</b> AFFIDAVIT		true and corre	irm, under penalty of perjury, that the a ct and includes all information requirec , Election Code.					
			Ms. Nancy Casas					
			Signature of Candidate or Officeh	older				
AFFIX NO	TARY STAMP / SEAL AB	OVE						
Sworn to and subso	cribed before me, by the s	aid	, this the		day			
of	, 20, to ce	rtify which, witness my hand and	seal of office.					
Signature of office	er administering	Printed name of officer adm	inistering Title of offic	er administer	ring oath			

### **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

		C	OVER SHEE	T PG 3 3 of 11						
18 FILER NA Casas, N	ME ancy (Ms.)	<b>19</b> Filer ID 00087541	(Ethics Commiss	ion Filers)						
	20 SCHEDULE SUBTOTALS  NAME OF SCHEDULE									
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS									
2.	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS									
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$							
4.	SCHEDULE E: LOANS		\$							
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	3	\$	33.17						
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$							
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$							
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$								
9. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	487.84						
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (	OF C/OH	\$							
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$							
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$							

	MONET	ARY POLITICAL CONTRIBUTIO		SCHEDULE A1				
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 1/4 Rpt: 4/11			
2	FILER NAME Casas, Nano	y (Ms.)		3	Filer ID (Ethics Commission 00087541	n Filers)		
4	Date 01/13/2024	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$85.00		
_	5	El Paso, TX 79912	2.5.1.6.1.1					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)				
	Date 01/21/2024	Full name of contributor out-of-state PAC (ID#: Apodaca, Aliana Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$150.00			
		El Paso, TX 79902-5330						
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)				
	Date 01/21/2024	Full name of contributor out-of-state PAC (ID#: Brickley, Margie Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$20.00		
		El Paso, TX 79902						
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)				
	Date 01/22/2024	Full name of contributor out-of-state PAC (ID#: Camacho, Irma Contributor address; City; State; Zip Code El Paso, TX 79925			Amount of Contribution (\$)	\$105.58		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)				
	Date 01/19/2024	Full name of contributor out-of-state PAC (ID#: Casas, Felix M  Contributor address; City; State; Zip Code  El Paso, TX 79936-4706		Amount of Contribution (\$)	\$450.00			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)				
		I						

	MONET	ARY POLITICAL CONTRIBU		SCHEDULE A1				
	The Instru	ction Guide explains how to complete th	nis foi	rm.	1	Total pages Schedule A1: Sch: 2/4 Rpt: 5/11		
2	FILER NAME Casas, Nano	y (Ms.)			3	Filer ID (Ethics Commission 00087541	n Filers)	
4	Date 01/07/2024	<ul> <li>Full name of contributor</li></ul>			7	Amount of Contribution (\$)	\$16.11	
0	Principal occu	El Paso, TX 79936	ما	Employer (See Instructions	,, 			
0	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	·)				
	Date 01/17/2024	Full name of contributor out-of-state PAC ( Dagci, Lutfi  Contributor address; City; State; Zip Code	•	Amount of Contribution (\$)	\$105.58			
		el paso, TX 79928						
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)			
	Date 01/10/2024					Amount of Contribution (\$)	\$50.00	
		El Paso, TX 79925						
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)			
	Date 01/05/2024			)		Amount of Contribution (\$)	\$150.00	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)			
	Date Full name of contributor out-of-state PAC (ID#:)  01/24/2024 Miranda, Ilda  Contributor address; City; State; Zip Code  El Paso, TX 79936-0203					Amount of Contribution (\$)	\$50.00	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)			
			ı					

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/4 Rpt: 6/11	
2	FILER NAME Casas, Nano	y (Ms.)		3	Filer ID (Ethics Commission 00087541	ı Filers)
4	Date 01/24/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_Miranda, Ilda</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7	Amount of Contribution (\$)	\$50.00
		El Paso, TX 79936-0203				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<b>(</b> )		
	Date 01/04/2024	Full name of contributor out-of-state PAC (ID#:_ Rago, Jeff Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$26.63	
		El Paso, TX 79912				
	Principal occu	pation / Job title (See Instructions)	i)			
Date 01/22/2024		Full name of contributor out-of-state PAC (ID#:_Rascon, Alicia  Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$20.00	
		El Paso, TX 79925				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	()		
	Date 01/17/2024	Full name of contributor out-of-state PAC (ID#:_Reade, Rebeca  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.84
	Principal occu	El Paso, TX 79912 pation / Job title (See Instructions)	Employer (See Instructions	j)		
	Date 01/24/2024	Full name of contributor out-of-state PAC (ID#:_Schlesinger, John  Contributor address; City; State; Zip Code  El Paso, TX 79934		Amount of Contribution (\$)	\$42.42	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>(</u>		

tion Guide explains how to complete  (Ms.)  Full name of contributor  out-of-state Proceedings of Contributor address; City; State; Zip Code  El Paso, TX 79936  ation / Job title (See Instructions)	3 Filer ID (Ethics Commission Filers) 00087541
Full name of contributor out-of-state P. Teijo, Marissa Contributor address; City; State; Zip Code El Paso, TX 79936	00087541  7 Amount of Contribution (\$)  \$158.2
Teijo, Marissa  Contributor address; City; State; Zip Code  El Paso, TX 79936	\$158.2
	9 Employer (See Instructions)
ation / Job title (See Instructions)	9 Employer (See Instructions)

### 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 Committe Credit Card Payment			Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Overl Polling Expe Printing Exp Salaries/Wa	ense ages/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID	(Ethics Commission Filers)
	Sch: 1/1 Rpt: 8/11		Casas, Nancy (Ms.)				00087541	
4	Date 01/25/2024	5	Payee name Stripe					
6	Amount (\$) \$33.17	7	Payee address; City; Stat 354 Oyster Point Blvd South San Francisco, CA 94080	e; Zip Cod	le			
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this s Fees	chedule) (	<u>—</u>	, TX	de of Texas. Com <sub>l</sub> officeholder living ssing fees	
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name	Office soug	ht		Office he	eld

### POLITICAL EXPENDITURES FROM PERSONAL FUNDS

### SCHEDULE G

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

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Service	emonals Exper stion Guide (			/ages/C	ontract Lab				enter		ry not listed	d above)	
1	Total pages Schedule G:	12	FILER NAME	-						1	3	Filer II	D (	=thioc (	Commis	cion Fil	ore)
-		_									-		•	_111103 \	Commis	31011111	C13)
	Sch: 1/3 Rpt: 9/11	╙	Casas, Nar	icy (ivis.)								00087	7541				
4	Date	5	Payee name														
	01/21/2024	1	Amazon.co	m													
6	Amount (\$)	7	Payee addre	ss; City	/;	State;	Zip Co	de									
	\$66.57	1	412 Terry A	ve North			•										
	Reimbursement from	1	- ,														
	X political contributions	1	Coottle M//	00100 5	110												
	intended	╙	Seattle, WA	, 98109-5	212												
8	10, 11131, (111131)				dule)	<b>(b)</b> D	Descriptio	on 🖺	=				exas. Com	•	edule T.		
	OF EXPENDITURE	1	Office Over	head/Ren	tal Expens	se					_			(, officeho	older living	expense	
		1						Supp	olies to e	erect	yaı	rd sigr	าร				
		1															
9	Complete ONLY if direct	Ca	ndidate/Office	nolder nam	е			Of	ffice sou	ght			(	Office h	neld		
	expenditure to benefit C/OH																
	C/OIT																
	Date		Payee name														
	01/18/2024		Black El Pa	so Demod	rats												
	Amount (\$)		Payee addre	ss; City	<b>,</b>	State;	Zip Co	de									
	\$25.00		PO Box 37	L425													
	Reimbursement from																
	x political contributions intended		El Paso, TX	79937													
	DUDDOCE	╀					1		Dogorintia	<u> </u>	7 04	and if two	ural aute	ido of To	was Cam	nlata Cab	adula T
	PURPOSE OF	1	Category (s	-	•		dule)	L	Descriptio	"'	_				exas. Com older living		edule 1.
	EXPENDITURE	1	Office Over	nead/Ren	aı Expens	se		Mom	horobin				,	.,			
		1						wem	bership	)							
	Complete <u>ONLY</u> if direct expenditure to benefit	Ca	ndidate/Office	nolder nam	е			Of	ffice sou	ght			(	Office I	neld		
	C/OH																
	Dete	_	_														
	Date	1	Payee name														
	01/13/2024	┖	Dollar Tree														
	Amount (\$)		Payee addre	ss; City	<b>'</b> ;	State;	Zip Co	de									
	\$64.95		6007 N Me	sa													
	Reimbursement from																
	X political contributions intended		El Paso, T	79912													
	PURPOSE	+	Category (s		isted at the ton	of this school	dule)	Г	Descriptio	n F	☐ Ct	neck if tra	avel out	side of Te	exas. Com	plete Sch	edule T
	OF		Office Over						200110110	···	_				older living	•	
	EXPENDITURE		Onice Over	i icaa/i (cii	ar Experis	JC		Liaht	ts for ca	— mpai	<u> </u> ian	vard s	sians				
								9.10	.5 .5. 6u		. 9''	,	9.10				
	Complete ONLY if direct	Ca	ndidate/Office	aoldor no	2				ffice com	aht				Office h	aold		
	Complete ONLY if direct expenditure to benefit	Cal	nuluale/OIIICe	ioluer nam	5			Oi	ffice sou	ynı			(	Jilice f	ielu		
	C/OH																

### POLITICAL EXPENDITURES FROM PERSONAL FUNDS

### SCHEDULE G

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

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Gift/Awards/Memo Legal Services  The Instruction	rials Expense				Travel in District Travel Out of District OTHER (enter a cate	egory not listed above)
1	Total pages Schedule G:	2	FILER NAME					3	•	cs Commission Filers)
	Sch: 2/3 Rpt: 10/11		Casas, Nar	icy (Ms.)					00087541	
4	Date	5	Payee name							
	01/21/2024		Eastside D	emocrats						
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip Co	ode			
	\$24.00		8904 WH B	urges						
	Reimbursement from political contributions intended		El Paso, T	( 79925						
8	PURPOSE OF	(a)	Category (S	ee Categories listed	at the top of this sch	edule)	(b) Description	=		f Texas. Complete Schedule T.
	EXPENDITURE		Office Over	head/Rental	Expense		L	Ch	neck if Austin, TX, offic	ceholder living expense
							Membership			
9	Complete ONLY if direct		ndidate/Office	holder name			Office sought		Offic	e held
9	expenditure to benefit C/OH	Cal	ididate/Office	noidel Hallle			Onice Sought		Oilic	е пеш
	Date		Payee name							
	01/23/2024		Etsy							
	Amount (\$)		Payee addre	ss; City;	State;	Zip Co	ode			
	\$105.38		117 Adams	St						
	X Reimbursement from political contributions intended		Brooklyn, N	Y 11201						
	PURPOSE		Category (S	ee Categories listed	at the top of this sch	edule)	Description	=		f Texas. Complete Schedule T.
	OF EXPENDITURE		Office Over	head/Rental	Expense		L	_		ceholder living expense
							Tote bags for blo	OCK \		
	Complete ONLY if direct expenditure to benefit	Car	ndidate/Office	holder name			Office sought		Offic	e held
	C/OH									
F	Date		Payee name							
	01/11/2024		Harbor Frei	ght						
Т	Amount (\$)		Payee addre	ss; City;	State;	Zip Co	ode			
	\$30.66		3333 Yarbr	ough						
	Reimbursement from political contributions intended		El Paso, TX	( 79925						
$\vdash$	PURPOSE	$\vdash$	Category (s	ee Categories listed	at the top of this sch	edule)	Description	Ch	neck if travel outside o	f Texas. Complete Schedule T.
	OF EXPENDITURE			head/Rental		•		Cr	neck if Austin, TX, offic	ceholder living expense
	LAI LIDITORL						Tape for block w	alki	ng	
	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Office	holder name			Office sought		Offic	e held

#### POLITICAL EXPENDITURES FROM PERSONAL FUNDS

#### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 3/3 Rpt: 11/11 Casas, Nancy (Ms.) 00087541 4 Date Payee name 01/06/2024 National Association of Letter Carriers #505 Payee address; State; Zip Code Amount (\$) City; \$100.00 1305 Medwood Dr Reimbursement from political contributions Х intended El Paso, TX 79925-4756 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if Austin, TX, officeholder living expense Office Overhead/Rental Expense **EXPENDITURE** Campaign advertisement Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/14/2024 Taco Cabana Amount (\$) Payee address; City; State; Zip Code \$43.28 7870 N Mesa Reimbursement from political contributions Χ El Paso, TX 79932 intended **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Food/Beverage Expense **EXPENDITURE** Food for block walking volunteers Candidate/Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 01/23/2024 Tejano Democrats PDN Chapter Payee address; City; State; Zip Code Amount (\$) \$28.00 1301 Lonewood Dr Reimbursement from Χ political contributions intended El Paso, TX 79925 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Category (See Categories listed at the top of this schedule) Description OF Check if Austin, TX, officeholder living expense Office Overhead/Rental Expense **EXPENDITURE** Membership

Candidate/Officeholder name

Complete ONLY if direct

expenditure to benefit

C/OH

Office sought

Office held