FORM C/OH CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID Total pages filed: The C/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 19 00087541 CANDIDATE / MS / MRS / MR **FIRST** ΜI **OFFICE USE ONLY OFFICEHOLDER** Ms. Nancy NAME Date Received **ELECTRONICALLY FILED** 02/26/2024 NICKNAME LAST **SUFFIX** Casas CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** 8900 Viscount Blvd. MAILING Receipt # Amount **ADDRESS** #AN-618 Change of Address El Paso, TX 79925 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Ms. Laura NAME NICKNAME LAST **SUFFIX** Garcia **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE; **TREASURER** 8900 Viscount Blvd **ADDRESS** #AN-618 (Residence or Business) El Paso, TX 79925

EXTENSION

THROUGH

χ Primary

General

Runoff

Exceeded modified reporting limit

Month

ELECTION TYPE

Runoff

Special

Day

02/24/2024

12 OFFICE SOUGHT (if known)

Culberson, and Hudspeth

Year

Other

District Attorney (Multi-county) District 34 El_paso,

30th day before election

8th day before election

CAMPAIGN

PHONE

REPORT TYPE

PERIOD

10 ELECTION

11 OFFICE

COVERED

TREASURER

AREA CODE

(915) 526-3956

January 15

Day

Day

03/05/2024

OFFICE HELD (if any)

ELECTION DATE

01/26/2024

Year

Year

July 15

Month

Month

PHONE NUMBER

15th day after campaign treasurer appointment (officeholder only)
Final Report (Attach C/OH-FR)

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 19

13 C / OH NAME	Casas, Nancy (Ms.)		14 Filer ID (00087541	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	olitical contributions accepted or political e These expenditures may have been made officeholders are required to report this in	without the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER	NAME	
		COMMITTEE CAMPAIGN TREASURER	ADDRESS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTH ES OF LOANS, OR CONTRIBUTIONS MA		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF	F LOANS)	\$ 8,350.73
EXPENDITURE TOTALS	3. TOTAL UNITEM	\$ 0.00		
	4. TOTAL POLITIC		\$ 53,018.81	
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS O RIOD	F THE LAST DAY OF THE	\$ 19,261.69
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LO TING PERIOD	ANS AS OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT			er penalty of perjury, that the according the second to th	
			Ms. Nancy Casas	
		Sign	nature of Candidate or Officehol	der
AFFIX NO	TARY STAMP / SEAL ABO	OVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
		rtify which, witness my hand and seal of o		
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering oath

SUBTOTALS - C/OH

FORM COH **COVER SHEET PG 3**

					3 01 19
18 FILER Casa		ME ancy (Ms.)	19 Filer ID 00087541	(Eth	nics Commission Filers)
		E SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	8,060.85
2.	Х	\$	289.88		
3.		\$			
4.		\$			
5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS					3,060.84
6.		\$			
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	Х	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	49,957.97
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF	OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
12.		\$			

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE A1	
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 1/3 Rpt: 4/19	
2	FILER NAME Casas, Nano	ey (Ms.)		3	Filer ID (Ethics Commission Filers) 00087541	
4	Date 02/03/2024	 Full name of contributor out-of-state PAC (ID#:_Barrio, Concepcion Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$) \$316.	11
_		Los Angeles, CA 90027		_		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 02/04/2024 Casas, Felix Antonio Contributor address; City; State; Zip Code El Paso, TX 79912				Amount of Contribution (\$) \$1,000.	<u> </u>
	Principal occu Pilot	pation / Job title (See Instructions)	Employer (See Instructions American Airlines	<u> </u> 5)		
	Date Full name of contributor out-of-state PAC (ID#:) 02/07/2024 Chavez, Alyssa Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$16.	— 11	
	Principal occu	El Paso, TX 79936 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Date Full name of contributor out-of-state PAC (ID#:) 02/17/2024 Dagci, Lutfi Contributor address; City; State; Zip Code				Amount of Contribution (\$) \$105.	
	Principal occu	El Paso, TX 79928 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)		
	Date 02/11/2024	Full name of contributor out-of-state PAC (ID#:_ Eastside Democrats of El Paso Contributor address; City; State; Zip Code)		Amount of Contribution (\$) \$400.	00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTION	Ν	IS		SCHEDULI	E A1
	The Instruc	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 2/3 Rpt: 5/19	
2	FILER NAME Casas, Nano	y (Ms.)			3	Filer ID (Ethics Commission 00087541	n Filers)
4	Date 02/15/2024	 Full name of contributor out-of-state PAC (ID#:_Gonzalez, Daniel Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$500.00
_	Deignaignal	El Paso, TX 79902	١,	Faralousy (Cas Instructions			
8	Attorney	pation / Job title (See Instructions)	9	Employer (See Instructions Self-employed	5)		
	Date 02/14/2024	Full name of contributor out-of-state PAC (ID#:_ Joachim, Luisa Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$30.00
		El Paso, TX 79905	_				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Date Full name of contributor out-of-state PAC (ID#:) 02/02/2024 Perales, Lori Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$105.58		
		El Paso, TX 79936					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Date 02/04/2024	Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$50.00
	Principal occu	El Paso, TX 79938 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> S)		
	Date 02/04/2024	Full name of contributor out-of-state PAC (ID#:_ Rago, Jeff Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$26.63
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>1</u> S)		
			<u> </u>				

	MONET	ARY POLITICAL CO	ONTRIBUTIO	NS			SCHEDUI	LE A1
	The Instru	ction Guide explains how t	o complete this fo	orm.	1		jes Schedule A1: Rpt: 6/19	
	FILER NAME Casas, Nand	cy (Ms.)			3		(Ethics Commission	on Filers)
4	Date 02/17/2024	5 Full name of contributor Reade, Rebeca	out-of-state PAC (ID#: e; Zip Code		7	Amount o	of Contribution (\$)	\$10.84
8	Principal occu	El Paso, TX 79912 pation / Job title (See Instructions)	1	Employer (See Instructions	 - s)			
		,			,			
	Date 02/10/2024	Full name of contributor Setliff, Aaron Rayburn Contributor address; City; State	out-of-state PAC (ID#:_ e; Zip Code			Amount o	of Contribution (\$)	\$500.00
		El Paso, TX 79932-2339						
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions County of El Paso Texa				
	Date 02/12/2024	Full name of contributor Valles, Noe Contributor address; City; State	out-of-state PAC (ID#:_ e; Zip Code			Amount o	of Contribution (\$)	\$5,000.00
	Principal occu	Lubbock, TX 79407-2244 pation / Job title (See Instructions)	T	Employer (See Instructions	<u> </u> 5)			
	Attorney			Self-employed				

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 7/19 3 Filer ID (Ethics Commission Filers) FILER NAME Casas, Nancy (Ms.) 00087541 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 01/31/2024 Miranda, Guadalupe \$240.00 i 7 Contributor address; City; State; Zip Code Pomona, CA 91766 Check if travel outside of Texas. Complete Schedule T. 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) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) Date Full name of contributor Amount of In-kind contribution out-of-state PAC (ID#: contribution (\$) description 02/16/2024 Miranda, Jose Luis \$49.881 Contributor address; City; State; Zip Code El Paso, TX 79936 Check if travel outside of Texas. Complete Schedule T. (See instructions) Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) 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)

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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)

Credit Card Payment	The Instruction Guide explains how to co	mplete this form.		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)
Sch: 1/2 Rpt: 8/19	Casas, Nancy (Ms.)		00087541	
4 Date	5 Payee name			
02/24/2024	ActBlue Texas			
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode		
\$1.98	PO Box 441146			
	Somerville, MA 02144			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Fees	Check if travel	l outside of Texas. Com	
LAI LINDITORE		. —	n, TX, officeholder living	g expense
		Donation pro	ocessing fees	
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	laht.	Office he	old.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		igrit	Office ne	ciu
Data				
Date 02/05/2024	Payee name ChackMark Typocotting			
	CheckMark Typesetting			
Amount (\$)	Payee address; City; State; Zip Co	ode		
\$3,027.01	3217 N IH 35			
	A			
	Austin, TX 78722			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	Louisido of Tours Com	onless Coloradula T
EXPENDITURE	Office Overhead/Rental Expense	. 	I outside of Texas. Com n, TX, officeholder living	
		Printing for y		
Complete ONLY if direct	Candidate/Officeholder name Office sou	ıght	Office he	eld
expenditure to benefit C/O	Н			
Date	Payee name			
02/24/2024	Donate Way			
Amount (\$)	Payee address; City; State; Zip Co	ode		
\$30.85	PO Box 300781			
	Austin, TX 78703			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF	Fees		l outside of Texas. Com	plete Schedule T.
EXPENDITURE			n, TX, officeholder living	g expense
		Donation pro	ocessing fees	
Commission ONU V. C. C.	Condidate/Officehalds a series	l andre	000	- l - l
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ignt	Office he	eia

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

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

ory not listed above)	Travel Out of Dist OTHER (enter a c	/Contract Labor			Gift/Awards/Memoria Legal Services The Instruction (I Committee	eholder/Political	Contributions/ Donati Candidate/Officeh Credit Card Payment	
hics Commission Filers)	Filer ID 00087541	3			ME Jancy (Ms.)			Total pages Sche Sch: 2/2 Rpt:	1
								Date	<u> </u>
				redit Union	me nent Employees C	5 Payee nar Governm		01/31/2024	*
			Zip Code			7 Payee add		Amount (\$)	6
			•			PO Box 2	\$1.00		
					TX 79998	El Paso,			
		Description	edule) (b)	the top of this scl	(See Categories listed a			PURPOSE OF	8
	Itside of Texas. Comp	<u> </u>				Fees	E	EXPENDITURE	
	, , , , , , , , , ,	Bank fees							
	Office he		Office sought	(Officeholder name		Y if direct benefit C/OF	Complete ONLY is expenditure to be	9

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		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains		xpense Vages/Contract Labor		Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G:	2 FILER NAM	E			3	Filer ID (Ethics Commission Filers)
	Sch: 1/10 Rpt: 10/19	Casas, Nai	ncy (Ms.)				00087541
4	Date	5 Payee name)				
	01/26/2024	Albertson's	i				
6	Amount (\$)	7 Payee addre	ess; City; State	; Zip Co	ode		
	\$52.92	11320 Mor	ntwood Dr				
	Reimbursement from political contributions intended	El Paso, T	X 79936				
8	PURPOSE	(a) Category (s	See Categories listed at the top of this sch	iedule)	(b) Description	Ch	heck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Food/Beve	rage Expense				heck if Austin, TX, officeholder living expense
	-				Snacks for block	wall	kers
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Office	holder name		Office sought		Office held
	Date	Payee name)				
	02/11/2024	Amazon.co	om				
	Amount (\$)	Payee addre	ess; City; State	; Zip Co	ode		
	\$34.62	412 Terry A	Ave North				
	Reimbursement from political contributions intended	Seattle, W	A 98109-5212				
	PURPOSE OF		See Categories listed at the top of this sch	iedule)	Description	=	heck if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Ove	rhead/Rental Expense		L	_	heck if Austin, TX, officeholder living expense
					Supplies to insta	ııı ya	ard signs
	Complete ONLY if direct	Candidate/Office	sholder name		Office sought		Office held
	expenditure to benefit	Candidate/Office	moraer name		Office Sought		Office Held
	C/OH						
	Date	Payee name	;				
	01/31/2024	Amazon.co	om				
	Amount (\$)	Payee addre	ess; City; State	; Zip Co	ode		
	\$28.13	412 Terry <i>F</i>	Ave North				
	Reimbursement from political contributions intended	Seattle, W	A 98109-5212				
	PURPOSE	Category (S	See Categories listed at the top of this sch	edule)	Description	_	heck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Office Ove	rhead/Rental Expense			_	heck if Austin, TX, officeholder living expense
					Batteries for cam	npai	gn trailer
	expenditure to benefit	Candidate/Office	holder name		Office sought		Office held
	C/OH						

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expen tegal Services The Instruction Guide e	Office Ov Polling Ex se Printing E Salaries/V	xpense Vages/Contract Labor		Transportat Travel in Di Travel Out (
1	Total pages Schedule G:	2 FIL	ER NAME			3	iler ID	(Ethics Commission Filers)
	Sch: 2/10 Rpt: 11/19		sas, Nancy (Ms.)			l	000875	` ,
4	Date	5 Pay	ree name					
	02/01/2024	An	azon.com					
6	Amount (\$)	7 Pay	ree address; City;	State; Zip Co	ode			
	\$10.81	41	2 Terry Ave North					
	Reimbursement from political contributions intended	Se	attle, WA 98109-5212					
8	PURPOSE	(a) Ca	egory (See Categories listed at the top	of this schedule)	(b) Description	Che	ck if travel	outside of Texas. Complete Schedule T
	OF EXPENDITURE	Off	ice Overhead/Rental Expens	e		Che	eck if Austin	n, TX, officeholder living expense
	LXI LINDITORL				Supplies to instal	II yaı	d signs	;
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	ate/Officeholder name		Office sought			Office held
	Date	Pay	ree name					
	02/01/2024	An	azon.com					
	Amount (\$)	Pay	ree address; City;	State; Zip Co	ode			
	\$32.88	41	2 Terry Ave North					
	Reimbursement from political contributions intended	Se	attle, WA 98109-5212					
	PURPOSE	Cat	egory (See Categories listed at the top	of this schedule)	Description	Che	ck if travel	outside of Texas. Complete Schedule T
	OF EXPENDITURE	Off	ice Overhead/Rental Expens	e	Supplies to instal			n, TX, officeholder living expense
_	Complete ONLY if direct	Candid	ata/Officahaldar nama		Office sought			Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Cariuiu	tte/Oniceriolaer name		Office Sought			Office field
	Date	Pay	ree name					
	02/07/2024	Am	azon.com					
	Amount (\$)	Pay	ree address; City;	State; Zip Co	ode			
	\$42.21	41	2 Terry Ave North					
	Reimbursement from							
	X political contributions intended	Se	attle, WA 98109-5212					
	PURPOSE	Cat	egory (See Categories listed at the top	of this schedule)	Description	=		outside of Texas. Complete Schedule T
	OF EXPENDITURE	Off	ice Overhead/Rental Expens	e		_		n, TX, officeholder living expense
	-				Supplies to instal	ll yaı	d signs	i
	Complete ONII V if direct	Candid	ata/Officeholder name		Office as webt			Office held
	Complete ONLY if direct expenditure to benefit C/OH	Caridida	ate/Officeholder name		Office sought			Office held
l								

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/Political Co Credit Card Payment			Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains		xpense Nages/Contract Labor		Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G: Sch: 3/10 Rpt: 12/19	2 FILER NAM Casas, Na				1	Filer ID (Ethics Commission Filers) 00087541
4	Date	5 Payee name				<u> </u>	
	02/12/2024	Amazon.co					
6	Amount (\$)	7 Payee addr	ess; City; State	; Zip Co	ode		
	\$30.25	412 Terry	Ave North				
	Reimbursement from political contributions intended	Seattle, W	A 98109-5212				
8	PURPOSE	(a) Category (See Categories listed at the top of this scl	nedule)	(b) Description	Che	eck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Office Ove	rhead/Rental Expense			_	eck if Austin, TX, officeholder living expense
					Supplies to insta	ıll ya	rd signs
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Office	eholder name		Office sought		Office held
	Date	Payee nam	9				
	02/07/2024	ER Ram S	Steel				
	Amount (\$)	Payee addr	ess; City; State	; Zip Co	ode		
	\$427.20	4137 Rosa	a Ave				
	Reimbursement from political contributions intended	El Paso, T	X 79905				
	PURPOSE	Category (See Categories listed at the top of this scl	nedule)	Description	=	eck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Printing Ex	pense		L	Che	eck if Austin, TX, officeholder living expense
					Printing signs		
	Complete ONLY if direct	Candidate/Office	pholder name		Office sought		Office held
	expenditure to benefit	Candidate/Onici	enoluei name		Office sought		Office field
	C/OH						
	Date	Payee nam					
	02/01/2024	Office Dep	ot				
	Amount (\$)	Payee addr	ess; City; State	; Zip Co	ode		
	\$37.88	1313 Geoi	ge Dieter				
	X Reimbursement from political contributions intended	El Paso, T	X 79939				
	PURPOSE	Category (See Categories listed at the top of this scl	nedule)	Description	=	eck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Office Ove	rhead/Rental Expense		L	Che	eck if Austin, TX, officeholder living expense
					Office supplies		
	Complete ONLY if allows	Condidate (Off.	ahaldar nama		Office		Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Office	еношет патпе		Office sought		Office held

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 Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District 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: 4/10 Rpt: 13/19 Casas, Nancy (Ms.) 00087541 Date Payee name 02/15/2024 Office Depot Payee address; Amount (\$) City; State; Zip Code \$544.00 1313 George Dieter Reimbursement from political contributions Х intended El Paso, TX 79936 **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** Postage Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/09/2024 One Stop Print Shop Amount (\$) Payee address; City; State; Zip Code \$517.44 7800 N Loop Reimbursement from political contributions Χ El Paso, TX 79915 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 Printing Expense **EXPENDITURE** Printing push cards/palm cards Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/15/2024 One Stop Print Shop Payee address; State; Zip Code Amount (\$) City; \$216.50 7800 N Loop Reimbursement from Χ political contributions intended El Paso, TX 79915 **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 **Printing Expense EXPENDITURE** Printing letter Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Advertising Expense Event Expense

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Food/Beverage Expense Polling Gift/Awards/Memorials Expense Printing al Committee Legal Services Salarie	Overhead/Rental Expense Expense g Expense s/Wages/Contract Labor	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: Sch: 5/10 Rpt: 14/19	2 FILER NAME Casas, Nancy (Ms.)		3 Filer ID (Ethics Commission Filers) 00087541				
4	Date	5 Payee name						
7	02/14/2024	Southern Radio						
6	Amount (\$)	7 Payee address; City; State; Zip	Code					
	\$2,340.00	2100 Trawoood						
	Reimbursement from political contributions intended	El Paso, TX 79935						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.				
١	OF	Advertising Expense	(b) Description	Check if Austin, TX, officeholder living expense				
	EXPENDITURE	Advertising Expense	Radio Ads					
			radio ras					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	 Candidate/Officeholder name	Office sought	Office held				
	Date	Payee name						
	02/19/2024	Stonewall Democrats						
	Amount (\$)	Payee address; City; State; Zip	Code					
	\$50.00	10856 Loma Del Norte Dr						
	Reimbursement from							
	y political contributions intended	El Paso, TX 79934						
	PURPOSE	Category (See Categories listed at the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.				
	OF EXPENDITURE	Office Overhead/Rental Expense	L	Check if Austin, TX, officeholder living expense				
			Membership					
	Complete ONLY if direct	Condidata/Officabalder name	Office sought	Office hold				
	Complete ONLY if direct expenditure to benefit	Candidate/Officeholder name	Office Sought	Office held				
	C/OH							
	Date	Payee name						
	02/19/2024	Stonewall Democrats						
_	Amount (\$)	Payee address; City; State; Zip	Code					
	\$50.00	10856 Loma Del Norte Dr						
		10050 Lonia Bernotte Bi						
	X Reimbursement from political contributions intended	El Paso, TX 79934						
	PURPOSE	Category (See Categories listed at the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.				
	OF EXPENDITURE	Office Overhead/Rental Expense		Check if Austin, TX, officeholder living expense				
	LAFENDITORE		Advertising at car	npaign event				
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held				

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: 6/10 Rpt: 15/19 Casas, Nancy (Ms.) 00087541 Date Payee name 02/15/2024 United State Postal Service Payee address; Amount (\$) City; State; Zip Code \$2,230.00 7314 Gateway Blvd E Reimbursement from political contributions Х intended El Paso, TX 79915-9998 **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** Postage Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/15/2024 United State Postal Service Amount (\$) Payee address; City; State; Zip Code \$1,431.00 3011 E Yandell Dr Reimbursement from political contributions Χ El Paso, TX 79903-8777 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 Office Overhead/Rental Expense **EXPENDITURE** Postage Candidate/Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 01/26/2024 Y Strategy LLC Payee address; City; State; Zip Code Amount (\$) \$2,500.00 3110 Manor Road Suite H Reimbursement from Χ political contributions intended Austin, TX 78723 **PURPOSE** Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Description OF Check if Austin, TX, officeholder living expense Consulting Expense **EXPENDITURE** Consutling Fees Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE **G**

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Advertising Expense Event Expense

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Food/Beverage Expense Polling E y - Gift/Awards/Memorials Expense Printing		Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
	Credit Card Payment	The Instruction Guide explains how to c		, , , , , , , , , , , , , , , , , , , ,			
1	Total pages Schedule G:	2 FILER NAME	;	3 Filer ID (Ethics Commission Filers)			
L	Sch: 7/10 Rpt: 16/19	Casas, Nancy (Ms.)		00087541			
4	Date	5 Payee name					
	01/26/2024	Y Strategy LLC					
6	Amount (\$)	7 Payee address; City; State; Zip C 3110 Manor Road Suite H	ode				
	\$5,749.17	3110 Marior Road Suite H					
	Reimbursement from political contributions intended	Austin, TX 78723					
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
	EXPENDITURE	Salaries/Wages/Contract Labor	Canvassing	Check if Austrit, 174, Unicertoider living expense			
			Carivassing				
9	Complete ONLY if direct expenditure to benefit C/OH	L Candidate/Officeholder name	Office sought	Office held			
	Date	Payee name					
	01/26/2024	Y Strategy LLC					
	Amount (\$)	Payee address; City; State; Zip C	ode				
	\$929.39	3110 Manor Road Suite H					
	Reimbursement from political contributions intended	Austin, TX 78723					
	PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE	Printing Expense	Printing push card	Check if Austin, TX, officeholder living expense			
			Timing push caru				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	I Candidate/Officeholder name	Office sought	Office held			
	Date	Payee name					
	01/26/2024	Y Strategy LLC					
	Amount (\$)	Payee address; City; State; Zip C	ode				
	\$3,500.00	3110 Manor Road Suite H					
	Reimbursement from political contributions intended	Austin, TX 78723					
	PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE	Salaries/Wages/Contract Labor	Field menagemen	Check if Austin, TX, officeholder living expense			
			Field managemen	II.			
	Complete ONLY if direct expenditure to benefit C/OH	I Candidate/Officeholder name	Office sought	Office held			

SCHEDULE **G**

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ov Polling Ex Printing E Salaries/	Expense Wages/Contract Labor	Solicitation Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule G:	2	FILER NAME				3 Filer ID (Ethics Commission Filers)	
	Sch: 8/10 Rpt: 17/19		Casas, Nano	cy (Ms.)			00087541	
4	Date	5	Payee name					
	01/26/2024		Y Strategy LLC					
6	Amount (\$)	7	Payee addres	ss; City; State	e; Zip Co	ode		
	\$75.00	3110 Manor Road Suite H						
	Reimbursement from political contributions intended		Austin, TX 78723					
8	PURPOSE	(a)	Category (Sa	e Categories listed at the top of this sc	hedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.	
ľ	OF	(4)	Advertising I		nedule)	(b) Description	Check if Austin, TX, officeholder living expense	
	EXPENDITURE		Advertising	Схрепзе		Graphic design	_	
						Crapino design		
9	Complete ONLY if direct		ndidate/Officeh	polder name		Office sought	Office held	
9	expenditure to benefit C/OH	Cai	ndidate/Onicen	iolidei fiame		Office Sought	Office field	
	Date		Payee name					
	02/09/2024		Y Strategy L	LC				
Amount (\$)			Payee address; City; State; Zip Code					
	\$1,100.00		3110 Manor Road Suite H					
	Reimbursement from							
	x political contributions intended		Austin, TX 7	'8723		T		
	PURPOSE OF		Category (Se	e Categories listed at the top of this sc	hedule)	Description	Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE			Advertising Expense			Check if Austin, TX, officeholder living expense		
						Online advertisin	g	
	Complete ONLY if direct expenditure to benefit C/OH	Cai	ndidate/Officeh	older name		Office sought	Office held	
	Date	Ī	Payee name					
	02/09/2024		Y Strategy L	LC				
	Amount (\$) Payee address; City; State; Zip Code							
	\$18,374.96		3110 Manor Road Suite H					
	Reimbursement from							
	x political contributions intended		Austin, TX 7	8723				
	PURPOSE		Category (Se	e Categories listed at the top of this sc	hedule)	Description	Check if travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE			Printing Exp	ense		L	Check if Austin, TX, officeholder living expense	
						Mailing		
	Complete ONLY if direct expenditure to benefit C/OH	Cai	ndidate/Officeh	nolder name		Office sought	Office held	

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 Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District 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: 9/10 Rpt: 18/19 Casas, Nancy (Ms.) 00087541 Date Payee name 02/09/2024 Y Strategy LLC Payee address; Amount (\$) City; State; Zip Code \$75.00 3110 Manor Road Suite H Reimbursement from political contributions Х intended Austin, TX 78723 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if Austin, TX, officeholder living expense Advertising Expense **EXPENDITURE** Graphic design Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/09/2024 Y Strategy LLC Amount (\$) Payee address; City; State; Zip Code \$2,500.00 3110 Manor Road Suite H Reimbursement from political contributions Χ Austin, TX 78723 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 Consulting Expense **EXPENDITURE** Consutling Fees Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/09/2024 Y Strategy LLC Payee address; City; State; Zip Code Amount (\$)

\$3,578.61

Reimbursement from

political contributions intended

Complete ONLY if direct

expenditure to benefit

PURPOSE

OF

EXPENDITURE

Χ

C/OH

3110 Manor Road Suite H

Salaries/Wages/Contract Labor

Category (See Categories listed at the top of this schedule)

Austin, TX 78723

Candidate/Officeholder name

8

Description

Office sought

Canvassing

Check if travel outside of Texas. Complete Schedule T.

Check if Austin, TX, officeholder living expense

Office 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 Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. FILER NAME Total pages Schedule G: Filer ID (Ethics Commission Filers) Sch: 10/10 Rpt: 19/19 Casas, Nancy (Ms.) 00087541 Date Payee name 02/09/2024 Y Strategy LLC 6 Amount (\$) Payee address; City; State; Zip Code \$3,500.00 3110 Manor Road Suite H Reimbursement from political contributions intended Χ Austin, TX 78723 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. 8 OF Check if Austin, TX, officeholder living expense Salaries/Wages/Contract Labor **EXPENDITURE** Field management Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH