

FORM DCE  
COVER SHEET PG 1

**GO TO PAGE 2**

# DIRECT CAMPAIGN EXPENDITURES CAMPAIGN FINANCE REPORT

FORM DCE  
COVER SHEET PG 2

|                                                    |                                                   |                                                           |
|----------------------------------------------------|---------------------------------------------------|-----------------------------------------------------------|
| <b>10 FILER NAME</b><br>Robertson, Casey J. (Mrs.) |                                                   | <b>11 Filer ID</b> (Ethics Commission Filers)<br>00090151 |
| <b>12 EXPENDITURE TOTALS</b>                       | <b>1. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b> | <b>\$</b> 0.00                                            |
|                                                    | <b>2. TOTAL POLITICAL EXPENDITURES</b>            | <b>\$</b> 269.28                                          |

## 13 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.

Mrs. Casey J. Robertson

Signature of Filer

or

Signature of individual with authority to sign on behalf of entity

(only if Filer is an entity)

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 oath

Printed name of officer administering oath

Title of officer administering oath

# SUBTOTALS - DCE

FORM DCE  
COVER SHEET PG 3  
3 of 4

|                                                                            |  |                                                    |  |
|----------------------------------------------------------------------------|--|----------------------------------------------------|--|
| 14 FILER NAME<br>Robertson, Casey J. (Mrs.)                                |  | 15 Filer ID (Ethics Commission Filers)<br>00090151 |  |
| 16 SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE                                  |  | SUBTOTAL AMOUNT                                    |  |
| 1. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES |  | \$ 269.28                                          |  |
| 2. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS       |  | \$                                                 |  |
| 3. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD  |  | \$                                                 |  |

# POLITICAL EXPENDITURES

## 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:<br>Sch: 1/1 Rpt: 4/4                                            | <b>2</b> FILER NAME<br>Robertson, Casey J. (Mrs.)                                              | <b>3</b> Filer ID (Ethics Commission Filers)<br>00090151                                                                    |
| <b>4</b> Date<br>10/09/2025                                                                       | <b>5</b> Payee name<br>SuDoCo                                                                  |                                                                                                                             |
| <b>6</b> Amount (\$)<br>\$200.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>2526 Avenue R<br><br>Snyder, TX 79549         |                                                                                                                             |
| <b>8</b> PURPOSE OF EXPENDITURE                                                                   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><br>Yard signs |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                               |                                                                                                |                                                                                                                             |
| Date<br>10/15/2025                                                                                | Candidate/Officeholder name<br>Office sought<br>Office held                                    |                                                                                                                             |
| Payee name<br>SuDoCo                                                                              |                                                                                                |                                                                                                                             |
| Amount (\$)<br>\$45.46<br><br><input type="checkbox"/> Expenditure from corporate funds           | Payee address; City; State; Zip Code<br>2526 Avenue R<br><br>Snyder, TX 79549                  |                                                                                                                             |
| PURPOSE OF EXPENDITURE                                                                            | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><br>Yard sign labels  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                        |                                                                                                |                                                                                                                             |
| Date<br>10/15/2025                                                                                | Candidate/Officeholder name<br>Office sought<br>Office held                                    |                                                                                                                             |
| Payee name<br>SuDoCo                                                                              |                                                                                                |                                                                                                                             |
| Amount (\$)<br>\$23.82<br><br><input type="checkbox"/> Expenditure from corporate funds           | Payee address; City; State; Zip Code<br>2526 Avenue R<br><br>Snyder, TX 79549                  |                                                                                                                             |
| PURPOSE OF EXPENDITURE                                                                            | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><br>Yard sign stakes  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                        |                                                                                                |                                                                                                                             |