# DIRECT CAMPAIGN EXPENDITURES CAMPAIGN FINANCE REPORT

### FORM DCE COVER SHEET PG 1

The DCE Instruction Guide explains how to complete this form.  1 Filer ID (Ethics Commission Filers) 00090151					2 Total pages filed: 4	
3 FILER NAME	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY
	Mrs.	Casey J.			Date Received	
	NICKNAME	LAST		SUFFIX	ELECTRONIC	ALLY FILED
		Robertson			10/21/2025	
4 FILER ADDRESS	ADDRESS / PO BOX; AF	PT / SUITE # CIT	Y; STATE;	ZIP CODE	1	
THEER CARBON COO	4676 County Road 465	1,00112 ", 011	, 0,,,,,	2 0052		
	Toro County House 100				Date Hand-delivered	or Date Postmarked
	Snyder, TX 79549				Receipt #	Amount
E FILED DUONE			EVENCION		- Receipt #	Amount
5 FILER PHONE		ONE NUMBER	EXTENSION		Date Processed	<u> </u>
	(325) 207-2282				1	
6 REPORT TYPE	January 15	30	Oth day before election		Date Imaged	
	July 15	X 8t	h day before election			
			unoff.			
			unoff			
7 PERIOD	Month Day Year	r		Month Day	Year	
COVERED	10/09/2025	TH	HROUGH	10/21/202	25	
8 ELECTION	ELECTION DATE			ELECTION T	YPE	
	Month Day Year	r   🔲 F	Primary	Runoff	Other	
	11/04/2025		Seneral	Special		
			ш			
9 FILER	1. Candidates	A. Supported				
ACTIVITY	(Identify by name or, if applicable, classify by party.)					
	applicable, classify by party.)					
(Attach lists on plain paper to		B. Opposed				
complete this						
report if necessary.)						
necessary.)	2. Measures	A. Supported				
	(Describe by date and location of election and					
	nature of issue.)	D 0				
			allot ID:null Election chool District- Propo			Independent
			onoor Bistriot 1 Tope	onion / Dona	Cicolion	
	3. Officeholders					
	Assisted					
	(Identify by name or, if applicable, classify by party.)					
	applicable, classify by party.)	1				
GO TO PAGE 2						

#### DIRECT CAMPAIGN EXPENDITURES CAMPAIGN FINANCE REPORT

## FORM DCE COVER SHEET PG 2

10 FILER NAME					11 Filer ID	(Ethics Commission Filers)
Robertson, Casey J. (N	∕lrs.)				00090151	
12 EXPENDITURE TOTALS	1. TOTAL UNITEM	IIZED POLITICAL	EXPENDITURES		\$	0.00
	2. TOTAL POLIT	ICAL EXPENDI	TURES		\$	269.28
13 AFFIDAVIT						
			I swear, or affirm, und true and correct and in under Title 15, Electio	ncludes all info	erjury, that the ac mation required	ecompanying report is to be reported by me
				Mrs. Casey	J. Robertson	
			-		ıre of Filer	
			Signature of in	dividual with au	or Ithority to sign or	n behalf of entity
				(only if File	er is an entity)	
AFFIX NOTARY STAME	P / SEAL ABOVE					
Sworn to and subscribed	d before me, by the sa	id		, 1	his the	day
of	_, 20, to cer	rtify which, witness	s my hand and seal of o	office.		
Signature of officer a	dministering oath	Printed name	e of officer administering	g oath	Title of office	er administering oath
J	J		·			Ü

(	SUE	3 <b>T</b> (	OTALS - DCE		FORM DCE
				C	OVER SHEET PG 3 3 of 4
	FILER I		IE , Casey J. (Mrs.)	<b>15</b> Filer ID 00090151	(Ethics Commission Filers)
			E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT
1	L. X	<	SCHEDULE F1: POLITICAL EXPENDITURES		\$ 269.28
2	2.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
3	3.		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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/1 Rpt: 4/4	Robertson, Casey J. (Mrs.)
4 Date	5 Payee name
10/09/2025	SuDoCo
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$200.00	2526 Avenue R
Expenditure from	Snyder, TX 79549
corporate funds	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Advertising Expense
	Yard signs
	Tala Signs
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experience to belief of or	•
Date	Payee name
10/15/2025	SuDoCo
Amount (\$)	Payee address; City; State; Zip Code
\$45.46	2526 Avenue R
Ψ40.70	2320 Avenue K
Expenditure from	
corporate funds	Snyder, TX 79549
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense
EXPENDITORE	
	Yard sign labels
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Pavee name
10/15/2025	SuDoCo
Amount (\$)	Payee address; City; State; Zip Code
\$23.82	2526 Avenue R
— Forest dit us from	
Expenditure from corporate funds	Snyder, TX 79549
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Advertising Expense  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Advertising Expense
	Yard sign stakes
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	