SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name:

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, D.S. If you report a privately-traded fund that is an Excepte Investment Fund, please check the "EIF" box. that property," and a city and state. every financial institution where there is more than \$1,000 in interest-bearing accounts. please refer to the instruction bookiet. source is that of your spouse (SP) or dependent childre Ren (DC), or jointly held with anyone (JT), in the options program, including the Thrift Savings Plan. For an ownership interest in a privately-held business provide a complete address or description, $e \, g_{\gamma}$ "renta For all IRAs and other retirement plans (such as 401(k) at the end of the reporting period, and (b) any other of income and with a fair market value exceeding \$1,00 Exclude: Your personal residence, including business, the nature of its activities, account that exceeds the reporting thresholds. (do not use only ticker symbols). more than \$200 in "unearned" income during the year. reportable asset or source of income that generate For a detailed discussion of Schedule A requirement interest in, or income derived from, a federal retiremen For rental and other reat property held for investment interest-bearing accounts. If the total is over \$5,000, identify (a) each asset held for investment or production ncome during the reporting period); and any financi-For bank and other cash accounts, total the amount in a Provide complete names of stocks and mulual funds you choose, you may indicate that an asset or incom omes and vacation homes (unless there was rent Assets and/or income Sources Generations (ONGICES IONG) 1X State 8 Simon & Schuster Moria Corn, Stock ABC Hedge Fund Lesis lative 77 FCV , and its geograph: -5 you have no interest. None method other than fair market value, please specify the method used. *Column M is for assets held by your spouse or dependent children in which it generated income, the value should be "None." If an asset was sold during the reporting period and is included only because Indicate value of asset at close of the reporting period. If you use a valuation \$1-\$1,000 œ \$1,001-\$15,000 O \$15,001-\$50,000 Ū \$50,001-\$100,000 ш × Value of Asset т \$100,001-\$250,000 \$250,001-\$500,000 a) \$500,001-\$1,000,000 I 20 \$1,000.001-\$5,000,000 \$5,000,001-\$25,000,000 _ \$25,000,001-\$50,000,000 $\overline{}$ Over \$50,000,000 _ Spouse/DC Asset over \$1,000,000 3 529 accounts), you may check the "Tax-Deferred" column. Dividends, Interest, and capital gains, even if reinvested, must be disclosed as income for essets, held in taxable accounts. Check "None" if the asset generate tax-deferred income (such as 401(k), IRA, or 529 accounts), you may check the "Tax-Deferre column, Dividends, Interest, and capital gains, ever NONE generated no income during the reporting period. Check all the columns that apply. For accounts that DIVIDENDS × RENT INTEREST Type of Income CAPITAL GAINS BLOCK C EXCEPTED/BLIND TRUST TAX-DEFERRED Partnersh Royalties Other Type of Income (Specify: e.g., Partnership Income or Farm Income) Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if no income was earned or generated. *Calumn XII is for assets held by your spouse or dependent children in which you have no inferest. category of income by checking the appropriate box below None may check the "None" column. For all other assets indicate the For assets for which you checked "Tax-Deferred" \$1-\$200 = \$201-\$1,000 Ξ \$1,001-\$2,500 7 Amount of Income \$2,501-\$5,000 < \$5,001-\$15,000 ≤ \$15,001-\$50,000 ≦ ≨ \$50,001-\$100,000 \$100,001-\$1,000,000 × \$1,000,001-\$5,000,000 in Black C, × Over \$5,000,000 ≚ Spouse/DC Asset with Income over \$1,000,000 × exchanges (E) exceeding \$1,000 \$1,000 please indicate as follows: (S (part)). If only a portion of an asset was sold, in the reporting sales (S), or that exceeded no transactions blank if there are purchases (P), asset had ndicate if the eave this column **Fransaction** BLOCKE

SCHEDULE B - TRANSACTIONS

Name:

DAWIN CASTRO

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Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the reporting period of any security or real property held by you, your spouse, or your dependent children for investment or the production of income. Include transactions that resulted in a capital loss. Provide a brief description of an exchange transaction. Exclude transactions between you, your spouse, or dependent children, or the purchase or sale of your personal residence, unless it generated rontel income. If only a portion of an asset is sold, please choose "partial sale" as the type of transaction. SP, DC, JT Capital Gains: If a sales transaction resulted in a capital gain in excess of \$200, chack the "capital gains" box, unless it was an asset in a tax-deterred account, and disclose the capital gain income on Schedule A. * Column K is for assets solely held by your spouse or dependent children S. Example NONE Mega Corp. Stock Asset Purchase Type of Transaction Sale Partral Sale Exchange Check Box if Capital Gain Exceeded (MO/OA/YR)
or
Quarter
ty,
Monthly, or
Bi- weekly,
if applicable Date 3/9/2 \$1,001-Þ \$15,000 \$15,001œ \$50,000 \$50,001n \$100,000 \$100,001o \$250,000 Amount of Transaction \$250,001m \$500,000 \$500,001-\$1,000,000 \$1,000,001-G \$5,000,000 \$5,000,001-I \$25,000,000 \$25,000,001-\$50,000,000 Over \$50,000,000 Over \$1,000,000* (Spouse/DC

SCHEDULE C - EARNED INCOME

INCOME	
Name:	
JOAQUIN (ASTRO	
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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the reporting period. For a spouse, list the
source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.
EXCLUDE : Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

certain types of income (notably honoraria, dir.	Source (II	Examples: State of Maryland	Civil War Roundtable (Oct. 2)	Ontario County Board of Education	Privilis / Party : Play	•					
certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited.	Source (include date of receipt for honoraria)			юп	Play						
ip) are totally prohibited.	Type Approved Teaching Fee	Legislative Pension	Spausa Speech	Spouse Salary	Spouse Splay						
1	Amount \$6,000	\$18,000	\$1,000	N/A	NIA	_					

SCHEDULE D - LIABILITIES

	Name: JOADULY CASTRO	Page S of S
ne during the reporting period by you. I real property including mortgages o	ne during the reporting period by you, your spouse, or your dependent children. Mark the highest amount owed during the reporting period. y real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or	wed during the reporting period. esidence (unless you rent it out or
s, or appliances; liabilities of a busine	s, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse	liabilities owed to you by a spouse

or the children, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent children. are a Member); loans secured by automobiles, household furniture Report liabilities of over \$10,000 owed to any one creditor at any tin Members: Members are required to report all liabilities secured by

				SP. DC. JT	<u>.</u>	
Consi	Congi	U.S.	Example		_	
Congressional FCU		U.S. Department of Education you	First Bank of Wilmington, DE	Creditor		
1/20	3/13	40	5/20	Date Liability Incurred MO/YR	-	
Galit	Personal Rosidence Mort.	LAW Sclool Lams	Mangage on Rental Property, Dover, DE	Type of Liability		
		:		\$10,001- \$15,000	>	
7	`	1		\$15,001- \$50,000	В	
				\$50,001- \$100,000	n	
	7		×	\$100,001- \$250,000	©.	
-		:		\$250,001- \$500,000	m	Amount of Liability
				\$500,001- \$1,000,000	TI	t of Lia
	_			\$1,000,001- \$5,000,000	ຈ	bility
<u> </u>				\$5,000,001- \$25,000,000	I	
				\$25,000,001- \$50,000,000	-	
				Over \$50,000,000	_	
	_			Over \$1,000,000* (Spouse/DC Liability)	*	

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, held during the current or prior calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

Position	Position Name of Organization
BOARD MemBER	NATIONAL SUBMITAL FOR DEMOCRACY

SCHEDULE F - AGREEMENTS

and deposed to the second of t	REEMENTS
consists fitting amplements a local of absorbed strains the paried of Co	Name JOADUIN CASTRO
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Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to future employment; a leave of absence during the period of Government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties to Agreement	Terms of Agreement
01/13	antsto MINOBOL	State Legislative Retirement/Pension
•		Value Undeformined Cannot collectuntil age
		W.
i		

SCHEDULE G-GIFTS

Report the source (by name), a brief description, and the value of all gifts totaling more than \$480 received by you, your spouse, or your dependent children from any source during the year. **Exclude**: Gifts from relatives, gifts of personal hospitality from an individual (which may not include a registered lobbyist or foreign agent), local meals, and gifts to a spouse or dependent children that are totally independent of his or her relationship to you. Gifts with a value of \$192 or less need not be added towards the \$480 disclosure threshold. **Note**: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule and some gifts require prior approval of the Committee on Ethics.

Source	Description	Value
Example: Mr. Joseph Smith, Arlington, VA	Silver Platter (prior determination of personal friendship received from the Committee on Ethics)	\$500
NONE		

SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

Name: JOAQUIN (ASTRO	
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Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$480 received by you, your spouse, or your dependent children during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

EXCLUDE: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (FGDA, 5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent children that is totally independent of his or her relationship to the

Tustice For Migrant Number - Raisado Festival (Privatly Spansoral Travel) Ag. 17-18 San Anto JFK Library Foundation (Charity Events Exception) June 8-9 San Anto San Anto	Еха	Source Government of China (MECEA) Examples: Habitat for Humainty (Charity Fundraiser)	Date(s) Aug 6-11	City of Departure-Destination-City of Return DC-Boying, China-DC DC-Boston-DC	ton-City of Return	ion-City of Return Lodging? Na-UC Y DC Y
June 8-9	77 14	Justice Fox Migrant Women - Raizado Testivat (Privathy Sponsoral Travel)	Ay-17-18	San Antonio - As	- Aspen - San Antanio	- Asper - San Antonio
June 8-9	4	FK Library FOUNDATION				
		(hority Events Exception)	June 8-9	San Antonio -	6 - Baston - D.C.	
				:		

SCHEDULE I – PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

	RITY IN LIEU
Name: JOACUIN (ASTRO	
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List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of paying an honorarium to you. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics.	an event to a charitable organization in lie	u of paying an honorarium to y	you. A separate
Source	Activity	Date	Amount
Examples: Association of American Associations, Washington, DC XYZ Magazine	Speech Article	Feb. 2, 2024 Aug. 13, 2024	\$2,000 \$500
None			

Name: JORDIN CASTMO

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					O.C. Kat I have owned since 2013.	it but he 2023 must separt. The property at issue is A coudo in	liAbility (\$100,001 - \$250,000). I in correctly chocked the bix next to	year I have chocked a different (and correct) but for the total	Please Note the "Personal Residence Mortgage Link: 1: to an Schabule D. Fox This	NOTES