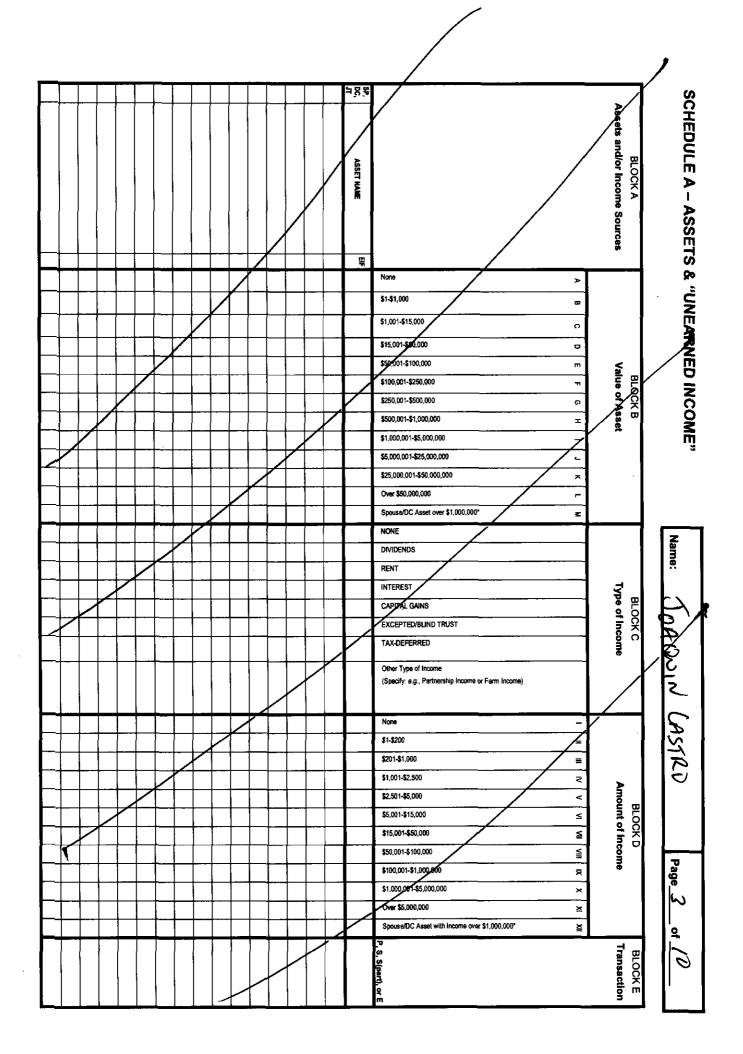
PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS PO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS Name: **EXEMPTION** – Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or your dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. IPO - Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you answered "yes" to this question, please contact the Committee on Ethics for further guidance. E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction 2018 FINANCIAL DISCLOSURE STATEMENT UNITED STATES HOUSE OF REPRESENTATIVES C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child? exceeding \$1,000 during the reporting period? A. Did you, your spouse, or your dependent child: reporting period? REPORT STATUS b. Receive more than \$200 in unearned income from any reportable a. Own any reportable asset that was worth more than \$1,000 at the FLER end of the reporting period? or asset during the reporting period? JOAONIN CASTRO Member of the U.S. 2018 Annual (Due: May 15, 2019) House of Representatives State District: ¥ 88 × Yes Yes Yes Yes 2 2 Daytime Telephone: (202) 225-3236 Amendment Z ĕ <u>N</u> Š For Use by Members, Officers, and Employees 7 7 F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing? ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" I. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$390 in value from a single source during the reporting period? G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$390 in value from a single source during the reporting period? Form A Employee Officer or **Employing Office** Termination Date of Termination: A \$200 penalty shall be assessed against any individual who files more than 30 days late. 1 2019 AUG 12 PM 3: 04 (Office Use Only) OFFICE OF 1/(C CLERK U.S. HOUSE OF REDEESENTATIONS LEGISLATIVE RESOURCE CENTER Shared Staff Filer Type: (If Applicable) HAND DELIVERED of 10 és Yes ĕes ĕ Yes ĕ Yes <u>×</u> 7 Principal Assistant Š 20 Š ĕ Š

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		Generations Feel.		Federal Could Union	Congress ima	ABC Hedge Fund	Examples:	SP Mega Corp. Stock	For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts. For rantal and other real property held for investment, provide a complete address or description, e.g., "rental property," and a city and state. For an ownership interest in a privately-held business that is, not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vacation homes (unless there was rental informed turing the reporting period); and any financial informest in, or income derived from, a federal retirement program, including the Thrift Savings Plan. If you report a privately-traded fund that is an Excepted Investment Fund, please check the "EIF" box. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the tar left. For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	For all IRAs and other retirement plans (such as	Provide complete names of stocks and mutual funds	and (b) any other reportable asset or source of income that generated more than \$200 in "uneamed" income during the year.	Identify (a) each asset held for investment or production of income and with a fair market value exceeding \$1,000 at the end of the reporting period.	Assets and/or income Sources	BLOCK A
		<u> </u>		3					r \$5,00 nore the restment of \$5,00 nore the street of 1, "nen or file	olds.	(Suc)	al fu	inco	ment (et val	ës	
\vdash						×			18 TTO OF THE ANNUAL AND THE AND THE ANNUAL AND THE ANNUAL AND THE ANNUAL AND THE ANNUAL AND THE AND THE ANNUAL AND THE AND TH		B)					-
						┡		-	\$1-\$1,000	» B		"Column M is for asse you have no interest.	en a	Indicate valuatio used.		
H	7	-		_			ਹਿਤ ਡਿ			一		30.0	sset v	n mer		ł
L	_		-4	<u> </u>		<u> </u>	Indefinite		\$1,001-\$15,000	0		nteres	was s	Pod of		ı
									\$15,001-\$50,000	•		st. sens i	ed inci	asset Wher t		
								×	\$50,001-\$100,000	m			ning .	at do	<u> </u>	ı
									\$100,001-\$250,000	T		у уош	the re	ir mai	THE C	BFO
						×			\$250,001-\$500,000	6		Column M is for assets held by your spouse or dependent child in which you have no interest.	If an asset was sold during the reporting period and is included only because it generated income, the value should be "None."	Indicate value of asset at dose of the reporting period. If you use a valuation method other than fair market value, please specify the method used.	Value of Asset	BLOCK B
						<u>L</u>	<u> </u>		\$500,001-\$1,000,000	Ξ		9 9	<u>a</u> 2	repor	set	
									\$1,000,001-\$5,000,000	_		gebe	- 8 8 - 8 8	ting p		
						L			\$5,000,001-\$25,000,000	_		ndent	on a	e speriod		
									\$25,000,001-\$50,000,000	*		읽	夏	city #		i
									Over \$50,000,000	_		5	. g	9 E		1
Ш					ļ				Spouse/DC Asset over \$1,000,000°	Z						
									NONE			9558	20 CO Lur	다 일 529		
								×	DIVIDENDS			t gene		Check all columns that apply, generate tax-deferred income (su 529 accounts), you may check		
									RENT			rated		ax-delu		
	ナ			⊀					INTEREST			100		you female	돢	
									CAPITAL GAINS			ICOM		ang di kat	0	ВГС
			ļ						EXCEPTED/BLIND TRUST			aun	disci	che (s	T T	BLOCK C
						Ī			TAX-DEFERRED			Ag the	등 <u>중 급</u>	¥ 6 7	Type of Income	
						Partnership Income	Royalties	:	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)			asset generated no income during the reporting pendo.				
									None	-			Divid	may categ		
	*			メ		L			\$1-\$200	=		*Column XII is for assets held in which you have no interest.	be de	ssets check ory o		
							×		\$201-\$1,000	=		± hav	다.	for w		
								×	\$1,001-\$2,500	Ν		988 S88 X	Ck "A	hich) None	≱	
						×			\$2,501-\$5,000	<		ets ha	and	by cl	TOTAL	
			\lfloor						\$5,001-\$15,000	2		şt. Vy	capi no in	necke mn. neckir	Amount of Income	BLOCK D
									\$15,001-\$50,000	¥		your	Tal 9	d total	Ě	Š
					Ī	Ī			\$50,001-\$100,000	HIA		spou	alms, ass	6 € ¥ € €	8	
						ľ			\$100,001-\$1,000,000	⋝		se or	ets r	er ass	ā	
						ĺ			\$1,000,001-\$5,000,000	×		depe	ed or	Sets in Bu		
				-		Г	<u> </u>	Ì	Over \$5,000,000	×		*Column XII is for assets held by your spouse or dependent child in which you have no interest.	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	For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets indicate the category of income by checking the appropriate box below.		
									Spouse/DC Asset with Income over \$1,000,000*	¥			sted, uable ated.	e the		
								S(part)	blank if there are the scoeded \$1,000.	follows: (S (part))	an asset was sold, please indicate as	period.	sales (S), or exchanges (E) exceeding \$1,000	Indicate if the asset had purchases (P),	Transaction	BLOCK E



SCHEDULE B – TRANSACTIONS

Name: JOAQUIN CASTRO

												None	SP Exeraple Mega Corp. Stock X	SP, DC, JT Asset	Capital Gains: If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box, unless it was an asset in a tax-deferred account, and disclose the capital gain income on Schedule A.	dependent child 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 rental income. If only a portion of an asset is sold, please choose "partial sale" as the type of transaction.	Type of Transaction
\vdash													x 3/9/18			apital Gain Exceed (MO:DAYR) Ouarterly	Date
															\$1,001- \$15,000	· · · · · · · · · · · · · · · · · · ·	+
										 			×		\$15,000 \$15,001- \$50,000	~	-
		ļ	· · ·	 <u></u>	ļ <u>-</u>				-				┢		\$50,001- \$100,000	ი	+
	<u> </u>				-										\$100,001- \$250,000	D	
															\$250,001- \$500,000	m	Amount of
	 	-			<u> </u>	<u> </u>				 					\$500,001- \$1,000,000	n	
															\$1,000,001- \$5,000,000	ଜ	Transaction
			-										Ī		\$5,000,001- \$25,000,000	I	100
															\$25,000,001- \$50,000,000	_	1
				-											Over \$50,000,0	000 _	
															Over \$1,000,00 (Spouse/DC Ar		

SCHEDULE C - EARNED INCOME

Name: TOADUIN CASTRU Page 5 of 10

			NONE	Onlano County Board of Education	Examples: Civil was Equation (Civil 2) Sate of Manyland (Civil 2)	Keene State Approv	Source (include date of receipt for honoraria)	EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act. INCOME LIMITS and PROHIBITED INCOME: The 2018 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$28,050. The 2019 limit is \$28,440. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited.	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.	
				Spouse Salary	Legislative Pension Spouse Speech	Approved Teaching Fee	Туре	Social Security Act. sed at or above the "senior staff" rate was by relationship) are totally prohibited.	mment) totaling \$200 or more during the below.	
				WA	\$18,000	\$6,000	Amount	\$28,050. The 2019 limit is \$28,440.	reporting period. For a spouse, list	

SCHEDULE D - LIABILITIES

period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting	Name: JOAGNIN (ASTRO	
these amount owed during the reporting	Page 6 of 10	

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you remt it out or are a Member); loans secured by automobiles, household furniture, 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 or the child, 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 child.

				SP. DC, JT		
20	Cone	12:10	Example			
credit Unim	ressional Federal	U.S. Dept. of Education	First Bank of Wilmington, DE	Creditor		
		6/00	5/16	Date Liability Incurred MO/YR		
Credit	and the same of th	LAN School LOANS	Mortgage on Rental Property, Dover, DE	Type of Liability		
				\$10,001- \$15,000	>	
<		<		\$15,001- \$50,000	92	
				\$50,001- \$100,000	ဂ	
			×	\$100,001- \$250,000	D	
				\$250,001- \$500,000	m	Amount of Liability
				\$500,001- \$1,000,000	π	t of Li
				\$1,000,001- \$5,000,000	G	ability
				\$5,000,001- \$25,000,000	1	
				\$25,000,001- \$50,000,000	-	
		<u> </u>		Over \$50,000,000	_	
- 1		}	ļ	Over \$1,000,000* (Spouse/DC Liability)	_	1

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
Director	College Advising LORP.
Director	Congressional Hisponic Cours Institute

SCHEDULE F - AGREEMENTS

ement or arrangement that you have with n	
ement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service;	Name:
of government service;	Page 7 of 10

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

Date	Parties to Agreement	Terms of Agreement
01/13	01/13 JOANNIN CASTRO/SAKERTIK	State Lesis lative retirement/pension
,		Value undefernised : cannot collect until
		age 60.
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SCHEDULE G - GIFTS

Report the source (by name), a brief description, and the value of all gifts totaling more than \$390 received by you, your spouse, or your dependent child 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 child that are totally independent of his or her relationship to you. Gifts with a value of \$156 or less need not be added towards the \$390 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)	\$400
	None	

SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENT

ENTS	
Name:	
JOHONIN (ASTRO	
Page 8 of 10	

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$390 received by you, your spouse, or your dependent child 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 child that is totally independent of his or her relationship to the filer.

	Source	Dato(s)	City of Departure-Destination-City of Return	Lodging? (Y/N)	Food? (Y/N)	Family Member Included? [Y/N)
	Government of China (MECEA)	Aug. 6-11	DC-Bejjing, Chra-DC	γ	٧	Z
Examples:	Habitat for Humanity (charity fundraiser)	Mar, 3-4	DC-Boston-DC	۲	۲	۲
JAPA	~ Center for				ļ	
laker	International Exchange	10/24-27	San Ambanio - Tokyo - samonio	~	<	۲
		9 9 9 9				
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SCHEDULE I – PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Name:
JOADUIN
 CASTRO
Page 1
of 10

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 lieu of paying an honora	rium to you. A separate
Source	Activity	Date	Amount
Examples: Association of American Associations, Washington, DC	Speech	Feb, 2, 2018	\$2,000
XYZ Magazine	Ancie	Aug. 13, 2010	\$000
None			

Name: JOAGUIN CASTRO

one 10 of 10

								NOTE NUMBER
					listed. I do not lent it out or otherwise	7.	Note To ETRICS Committee: I previously listed a Mortgage	NOTES