ecause they meet all Yes No	abilities of a spouse or your dependent child because they meet all cs.	amed" income, transactions, or lead to with the Committee on Eth	EXEMPTION – Have you excluded from this report any other assets, "uneamed" income, transactions, or liabilities of a spouse or three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.
ve you excluded from Yes No	excepted trusts* need not be disclosed. Have	nmittee on Ethics and certain oth spendent child?	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 your dependent child?
estion, please contact Yes No	orling period? If you answered "yes" to this que	tial Public Offering during the rep	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.
OF THESE QUESTIONS	DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS	NT, OR TRUST INFO	IPO AND EXCLUSION OF SPOUSE, DEPENDE
ORRESPONDING SCHEDULE IF YOU ANSWER "YES"	ე D	Yes No	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?
onation to charity in Yes No No	 Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the reporting period? 	Yes No	D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?
hild receive any totaling more than Yes No No No	H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$375 in value from a single source during the reporting period?	Yes	C. Did you or your spouse have "eamed" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?
hild receive any Alue from a single Yes No	G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$375 in value from a single source during the reporting period?	Yes No	B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period?
arrangement with an Yes 🖊 No	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?	Yes No	A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? Or b. Make more than \$200 in uneamed income from any reportable asset during the reporting period?
		THESE QUESTIONS	PRELIMINARY INFORMATION - ANSWER EACH OF
ination:	Termination Date of Termination:	Amendment	REPORT 2014 Annual (Due: May 15, 2015)
	Officer or Employing Office:	7×3	FILER STATUS Member of or Candidate for State: U.S. House of Representatives District:
US. HOUSE OF REPRESENTATIVES (Office Use Only)	one: 202 - 225-323	Daytime Telephone:	Name: Johanir Gatho
LECISLATIVE RESOURCE CERTS:	Form A For Use by Members, Officers, and Employees		UNITED STATES HOUSE OF REPRESENTATIVES 2014 FINANCIAL DISCLOSURE STATEMENT
HAND			

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Congressional Fed. X		ARC Hadge Fund X Pertnership Income	Examples: Simon & Schuster Indefinite	SP, Maga Corp. Stock BF X X X X X X X X X X X X X X X X X X	that is non-publicy traded, state the name of the business, the nature of its activities, and its goographic location in Block A. Exclude: Your personal residence, including second tomes and vacation homes clinicists there was rental interest in, or income derived from, a federal interest in, or income source is that of your spouse check the "EIF" bbx. If you have a privately-traded fund that is an Excepted investment Fund, please check the "EIF" bbx. If you have a privately-traded fund that is an asset or income source is that of your spouses (SP) or jointly held with anyone (JT), in the optional column on the far left. If you have a privately-traded fund that is an asset or in the optional column on the far left. If you have a privately-traded fund that is an asset or in the optional column on the far left. If you have a privately-traded fund that is an asset or in the optional column on the far left. If you have a privately-traded fund that is an asset or if your spouse (SP) or other than an asset or if your spouse (SP) or other than an asset or set (SP) or other than a section or Schedule A. None \$1.\$1,000.000 \$10,001-\$25,000,000 \$25,000,001-\$25,000	> 00	Asset and/or income Source Value of Asset Type of income Check all columns that apply. For accounts that populy. For accounts that populy in accounts that for investment or indicate value of asset at close of the reporting period. Income that generated more than \$200 in "unearned" because it generated income, the value should be "None." Column M is for assets held in taxable accounts. Check "None" accounts. Income during the year. Column M is for assets held by your spouse or dependent child in which if the asset generated no income during the reporting period. Column M is for assets held in taxable accounts. Check "None" accounts. (do not use only ticker symbols). For all IRAs and other retirement plans (such as for each asset held in the account that decades the peopfing line which you which you have no interest.	SCHEDULE A – ASSETS & "UNEARNED INCOME" Name: しゅのいし いまれた
		Partnership Income	Royalles				r accounts the space of the counts the space of the counts are the counts of the count	
	*			×			For assets for which yo may check the "Hone" category of income b Dividends, interest, must be disclosed accounts. Check generated. *Column XII is for asse in which you have no ir	
					\$1,000,001-\$5,000,000 \$1,000,001-\$5,000,000 Over \$5,000,000 SpousefCC Asset with Income over \$1,000,000*	=	mount of Income rou checked Tax-Deferred in Block C, you could be could be seen and capital gains, even if reinvested, as income for assets held in taxable "None" if no income was earned or ets held by your spouse or dependent child interest.	Page 2_of

SCHEDULE B - TRANSACTIONS

Name:

Page

W

앜

Q

\$9,DC,JT

В

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. Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the reporting period of any security or real property field by you, your spouse, or your 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 soid, please choose 'partial sale' as the type of transaction. * Column K is for assets solely held by your spouse or dependent child None Mega Corp. Stock Asset Purchase Type of Transaction Sale Partial Sale × Exchange Check Box if Capital Gain Exceeded \$200 × Date 3514 DOAGNIN CASTRO \$1,001-\$15,000 Þ \$15,001-• \$50,000 \$50,001-\$100,000 O \$100,001-0 \$250,000 **Amount of Transaction** \$250,001m \$500,000 \$500,001-\$1,000,000 П \$1,000,001-ဝ \$5,000,000 \$5,000,001-\$25,000,000 I \$25,000,001-\$50,000,000 Over \$50,000,000 ۲ Over \$1,000,000* (Spouse/DC Asset) **x**

SCHEDULE C - EARNED INCOME

JOAQUIN CASTRO Page 4 of 9

List the source, ty	List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.	mment) totaling \$200 or more during the below.	t) totaling \$200 or more during the reporting period. For a spouse, list
EXCLUDE: Milita	EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act	Social Security Act.	
types of income (r	INCOME LIMITS and PROHIBITED INCOME: The 2014 limit on outside earned income for Members and employees compensated at or above types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) were totally prohibited.	e totally prohibited.	lat or above the "senior staff" rate was \$26,955. In addition, certain y prohibited.
	Source (include date of receipt for honoraria)	Туре	Amount
	Keene State	Approved Teaching Fee	\$6,000
Examples:	Size of may rand	Spouse Speech	\$1,000
	Ontario County Board of Education	Spouse Salary	N/A
New	Neとセス	Spousa Selena	N/A

Name:
JOAQUIN CASTICO
Page
\cdot
4

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 rent 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. 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

					DC, Jr		
Cona	6	V.s.	(Ong	Example			
Congressional Fruit	GO ACASSIMAL & C.U.	11.5. Dept of Education	Congressimal F.C.U.	First Bank of Wilmington, DE	Creditor		
5/204 LOAN	12/2014	6/00	3/13	5/98	Date Liability Incurred MO/YR		-
LOAZ	Credit Card	LAN School Shuted Lams	Mortgage - Resonal Rosinha	Mortgage on Rental Property, Dover, DE	Type of Liability		
	×				\$10,001- \$15,000	>	
×		×			\$15,001- \$50,000	œ	
					\$50,001- \$100,000	c	
			X	×	\$100,001- \$250,000	0	$\Big _{\mathbf{v}}$
					\$250,001- \$500,000	LII	moun
					\$500,001- \$1,000,000	п :	t of Li
					\$1,000,001- \$5,000,000	G	Amount of Liability
					\$5,000,001- \$25,000,000	I	
					\$25,000,001- \$50,000,000	-	
					Over \$50,000,000	۷	
					Over \$1,000,000* (Spouse/DC Liability)	_	ĺ

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 Pirector	Nation
Member	2016 Masnotia LLC (Parthership)
Director	Congressional Mispomia Concus Institute (CHCI)

SCHEDULE F - AGREEMENTS

rrangement that you have with respect to: future employment: a leave of absence during the pecied of government service:	
inect to: fil	Name:
thre employment: a leave of a	Name: Japour Casmo
absence during the period of	
of government service:	Page_ 6 of 9

continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an em	dentify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leav	
nuati	₹	
3	e dat	l
defe	e Da	l
rrai	ties	l
of pa	ර හ	l
ymer	<u>5</u>	
nts by	enen	
afc	al ter	١
me	ms c	
orc	of any	
urre	y agr	
nt en	eem	
nploy	ento	
er of	r arr	1
her	ange	
han	men	
the	tha	
J.S.	You	
Jove	have	
mme	₩.	
nt; o	h res	
CO	pect	
T S	io: f	
g Bu	uture	
artici	emş	
patic	ğ	
2 2	Tent:	
an e	a e	
oldtu	e c	
ployee welf	of abo	
welfa	senc	
ē	e dur	
ben	ğ	
efit	he p	
olan r	en. Od	
lfare or benefit plan maint	tring the period of go	
taine	oven	
ğ	nmei	1
naintained by a former employ	nt sei	
mer	vice	
emp		
ioyeı		1

11 ndi 1 Am 60		
Value under		_
State Legislative Retirement Mession	01/13 JOAGNIN CASTRO/SHIK of TEXAS	01/13
Terms of Agreement	Parties to Agreement	Date

SCHEDULE G - GIFTS

Report the source (by name), a brief description, and the value of all gifts totaling more than \$375 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, 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 \$150 or less need not be added towards the \$375 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

	Source	Description	Value
Example:	Mr. Joseph Smith, Arlington, VA	Silver Platter (determination of personal friendship received from the Ethics Committee)	\$400
None			
•			

SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

Pageof	

identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$375 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.

arc mor.						
	Source	Date(s)	City of Departure – Destination — City of Return	Lodging? (Y/N)	Food? (Y/N)	Family Member Included? (Y/N)
1 :	Gwarment of China (MECSA)	Au g 6-11	OC-BUILD Chilled CO	~	4	z
banpes	Habitat for Humanity (charity Andraiser)	Mar. 3-4	DC-Boston-DC	Υ	۲	*
ABC No	ABC News- This Week with George Skephingering. Brg. 2-3	s* Aug.2-3	OC - Stew York - San Bortonio	Υ	Z	>
		۵				
		:				
-						
	1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-					

SCHEDULE I – PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Name: JOAQVIN GASTRO Page 8 of 9

List the source, separate confide	List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics.	sor of an event to a charitable organ	to a charitable organization in lieu of paying an honorarium to you. A	honorarium to you. A
	Source	Activity	Date	Amount
Examples:	Association of American Associations, Washington, DC XYZ Magazine	Speech Article	Feb, 2, 2014 Aug. 13, 2014	\$2,000 \$500
None	re			
			-	

					·	,		NOTE NUMBER
							:	
A CAMPAGA AND AND AND AND AND AND AND AND AND AN								
						:		
·								NOTES
	7 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8		:					