PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS 2016 FINANCIAL DISCLOSURE STATEMENT UNITED STATES HOUSE OF REPRESENTATIVES 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. in the current calendar year up through the date of filing? E. Did you hold any reportable positions during the reporting period or D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the exceeding \$1,000 during the reporting period? 8. Did you, your spouse, or your dependent child purchase, sell, or A. Did you, your spouse, or your dependent child: from this report details of such a trust that benefits you, your spouse, or dependent 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 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. exchange any securities or reportable real estate in a transaction reporting period? FILER STATUS REPORT TYPE a. Own any reportable asset that was worth more than \$1,000 at the Receive more than \$200 in uneamed income from any reportable asset during the reporting period end of the reporting period? or 7 JOAGUIN CASTRO 2016 Annual (Due: May 15, 2017) Member of the U.S. House of Representatives State: District: ×es Yes Yes Yes Yes 5 Daytime Telephone: (202) 2 25-3236 Amendment **Z** 중 Z S Š For Use by Members, Officers, and Employees 3 -I. 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? 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? 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" reportable travel or reimbursements for travel totaling more than \$375 in value from a single source during the reporting period? H. Did you, your spouse, or your dependent child receive any Form A Employee Officer or **Employing Office:** Date of Termination: Termination U.S. HOUSE OF REPRESENTATIVES A \$200 penalty shall be assessed against any individual who files more than 30 days late. LEGISLATIVE RESOURCE CENTUR HAND DELIVERED Page 1 of 10 17 Alugrick uaktoby 32 Shared Staff Filer Type: (If Applicable) Yes Yes Yes Yes Yes Yes Yes <u>z</u> < Principal Assistant Z S Z 몽 <u>Z</u> Š 又

7

7

Z

Z

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Janowin (ASTAD Page 2 of /0

| Crant Union | | | * * | | | i i | | <u> </u> | 8 4 | ₹88£ | 66 | \$ 0 8 3 6 | 중 출 하 곳 | 육오늘 | 5 = 5 | 0 3 | 5 ° ° | 5 <i>∓</i> | 23 | | I |
|---------------------------------------|----------|----------------|-----|--------------|----------------|--|------------------|--|---|--|--|--|--|---|--|--|--|--|--|------------------------------|---------|
| | | ~ | | 6 | 2 | | Examples: | | For a detailed discussion of Schedule A requirements please refer to the instruction booklet. | 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 far left. | If you have a privately-traded fund that is an Excepted investment Fund, please check the "EIF" box. | Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); and sany financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan. | For an ownership interest in a privately-held business that is not publidy traded, state the name of the business, the nature of its activities, and its geographic location in Block A. | For rental and other real properly held for investment, provide a complete address or description, e.g., "rental properly," and a city and state. | 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. | the account that exceeds the reporting thresholds. | (do not use only ticker symbols). For all IRAs and other retiren 401(k) plans) provide the value (| production or income and writt a rail market value skceeding \$1,000 at the end of the reporting pend; and (b) any other reportable asset or source of income that generated more than \$200 in "unearned" income during the year. Provide complete names of stocks and mutual funds | Identify (a) each asset held for investment or | Assı | |
| 1 12 | | Goweniers Fed. | | | Cons | | 95. | lea | e de di | child | Fund | Your p vaca ing th progra | hershij he nat Block | and ot omple | nd oth bearin nancia nteres | that | only: | \$1,00 other ated in year. | . B | Assets and/or Income Sources | J |
| | | 8 | | ۲, | Ŕ | | | 86 | scussi e ins | (DC), the state of | ately plea | e rep inco | b inter | chy au | er ca | exce | t of the | Oatt | <u>1</u> | Đ. | |
| 1 🖺 | 7 | ž- | | - | ircsional fed. | ABC T | Simon | Mega Corp. Stock | ion of tructio | nay hat o or joi on th | trade | ur personal residence, inclus acation homes (unless there acation homes (unless there g the reporting period); and a or income derived from, or including the Thrift Sa | rest in raded fits ac | dress | sh accounts itution ing a | ds f | Her re- | nes of | SSE SE | or in | BLOCK A |
| ĺÈ | | Z, | | Unim | 3 | ABC Hedge Fund | Simon & Schuster | င်ရှ | Sche Sche | indic of you ntly h | ack of | siden s (unit perio derive g the | . stat tivitie | or dea | s. If the | e rep | ods). | asser 200 in | ne d | Š | × |
| | 3 | 31 | | 5 | 1 | ž | e e | ST X | dule/ bklet | # # # # # # # # # # # # # # # # # # # | e, E | d description | vately s, and | held scrip <u>t</u> i | s, total e the | ž į | 2 | the retorso | ₫ | ne S | ı |
| ֓֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓ | | نے ا | | ٔ د | € | | | | requ | eat an ouse thany | D 85 | d any Savir | nam nam | on, e, | is ove | thresh | lans | portin urce c | nvest | 2 | |
| 4 | | | | | • | | | Ш | Вител | asse (SP) one (| , Light | ing second was rental ny financial a federal vings Plan. | e of busin | ra ra | moun r\$5,0 bore ti | ods i | F CP Second | g peri inco | Tent S | æ | |
| ⊢∔ | 4 | 4 | | | | × | | 留 | _ | ۽ ۽ ڌِ | <u>ē</u> | | <u>₹</u> | 重英 | ₹ 8 <u>₹</u> | | | | | | 4 |
| - | _ | | | | | | | | None | | | | | | | | | used. If an : becau 'Colun you ha | <u>8</u> | | ı |
| - .− | \dashv | | | | | | _ | | \$1-\$1,000 | | | | | | | ₽ | | esset Sel∺g Neno | i i | | |
| | | く | | | 1 | | Indefinite | | \$1,001-\$15 | 5,000 | | | | | | C | | used. If an asset was sol because it generated *Column M is for ass you have no interest. | 5 | | ı |
| | | | | | | | • | | \$15,001-\$9 | 50,000 | | | | | | D | | sold sold ited in | asse | | |
| | \dashv | | | | | _ | | × | \$50,001-\$* | 100,000 | | | | | | m | | during come | ā | < | |
| | \dashv | \exists | | | | | _ | | \$100,001- | \$250,000 | | | | | | 'n | | the by yo | 1 X | alue e | 무 |
| | _ | \dashv | | | \Box | × | | | \$250,001- | \$500,000 | | | | | | G | | walliated method other than hall market value, prease specify the method used. If an asset was sold during the reporting period and is included only because it generated income, the value should be "None." **Column M is for assets held by your spouse or dependent child in which you have no interest. | Indicate value of asset at close of the reporting period. If you use a | Value of Asset | BLOCK B |
| | 寸 | | | | | | | - | \$500,001- | 1,000,000 | | | • | · <u>·</u> | | I | | ting p | gar e | Se | Φ) |
| | 寸 | \dashv | | | \Box | | | _ | \$1,000,001 | 1-\$5,000,000 | | | | | | _ | | beriod beriod | Drighe | ~ | |
| | _ | \dashv | | | | | | \vdash | \$5,000,001 | 1-\$25,000,000 | | | | | | - | • | and None. | perio | | ١ |
| | \dashv | \dashv | | | | | | | \$25,000,00 | 01-\$50,000,000 | | | | | | ~ | | is inc | , = | | 1 |
| | \dashv | \dashv | | | | | - | | Over \$50,0 | 000,000 | | | | | | _ | | d in w | 2 | | |
| | _ | \dashv | | | | | | | Spouse/D0 | C Asset over \$1,0 | 000,000 | | | | | £ | | f only | use a | | 1 |
| | \neg | _ | | | | | | | NONE | | | | | | | | | | | | 1 |
| | 寸 | _ | | | | | | × | DIVIDEND | s | • | | | | | | | generate tax-queries incurre yours set of 529 accounts), you may check the 11st column. Dividends, interest, and capital (if reinvested, must be disclosed as if assets held in taxable accounts. Check 1 asset penerated no income during the report | Check all columns that apply. | | |
| | ┪ | | | | | | | | RENT | | | *** | | | | | | bid in | 8 | | ı |
| | 寸 | | | | | | | | INTEREST | T | | • | | - | | | | onds, onds, onus taxal | SULL | ₹ | |
| | \dashv | | | | | | | <u> </u> | CAPITAL (| GAINS | | | | | | | | Inter | | 8 | 쁜 |
| | \dashv | | | | | | | \vdash | EXCEPTE | D/BLIND TRUST | | | | | | | | disc | ap | <u>=</u> | BLOCK C |
| | | | | | | | | | TAX-DEFE | RRED | | | | | | | | ng the call | } | Type of Income | Ï |
| \vdash | \dashv | \dashv | | | | 콧湿 | 20 | , | Other Type | e of Income | | | | | | | | heck | For ac | | |
| | | | | | | Partnership Income | Royaties | ı | | .g., Partnership I | ncome o | r Farm Income) | | | | | | max-De incor | NIO C | | 1 |
| | | | | | | ₹ | " | | | | | | | | | | | generate tax-queried mounts (such as to the, they or 529 accounts), you may check the "Tax-Defence column. Dividends, Interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check those if the asset generated no income during the reporting period. | counts that | | |
| | ┪ | \mathbf{z} | - | _ | × | | | _ | None | | | | | | | Ξ | ž, | | | | ┪ |
| | 一 | | ١ | _ | | H | \vdash | +- | \$1-\$200 | | | | | | | = | in which you have no interest. | egory riden: | 9886 | | |
| | 7 | | | - | | \vdash | × | _ | \$201-\$1,0 | 00 | | | | | • | = | you h | | ₹ Q. | | J |
| | \dashv | \dashv | | | | | | × | \$1,001-\$2, | ,500 | | | | | | ₹ | ave n | Toras | a hich | | |
| | \dashv | \exists | | - | | × | | | \$2,501-\$5, | ,000 | | | | | | < | o inte | Sets - | 100 | om | |
| | _ | \neg | | | | H | <u> </u> | _ | \$5,001-\$1 | 5,000 | | | | | | S | rest, | check check d cay incom incom | Š | É | BLC |
| | \dashv | | | | | T | | _ | \$15,001-\$8 | 50,000 | | | | ······································ | | ≦ | ; | me to incom | . E | 오 타 | BLOCK D |
| | \dashv | | | | | | | \vdash | \$50,001-\$ | 100,000 | | | | | | ≦ | | L Sborn L Sewal Se | 2 × D | Amount of Income | |
| | | \neg | | - | | T | - | | \$100,001- | \$1,000,000 | | | | | | 쿗 | | ppropi sets sets | ferred or ac | ne | |
| \Box | \dashv | \dashv | | | | | | _ | \$1,000,001 | 1-\$5,000,000 | | | | | | × | | n H . held depe | 7 5 B | | 1 |
| | \dashv | | | | | | | | Over \$5,00 | 00,000 | | | | | | × | | category of income by checking the appropriate box below. 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. "Column XII is for assets held by your spouse or dependent child "Column XII is for assets held by your spouse or dependent child | For assets for which you checked "Tax-Deferred" in Block C, you may check the "Noon" column. Ear all other assets indicate the | | J |
| | | | | | | | | | Spouse/D0 | C Asset with Inco | me over | \$1,000,000* | | | | 쏠 | | |) O | | |
| | | | | | | | | S(pad) | , S | | | | | | blank if no trans that exc \$1,000. | follo | | purchases (% exchan exceed in the reperiod. | | ī | 7 |
| | | | | | | | | a | S(pa | | | | | | Leave this column blank if there are no transactions that exceeded \$1,000. | | ly a p sset w | purchases (P), sales (S), or exchanges (E) exceeding \$1,0 in the reporting period. | Indicate if the | ansa | BLOCK E |
| | | | | | | | | | P, S, S(part), or E | | | | | | Leave this column blank if there are no transactions that exceeded \$1,000. | follows: (S (part)). | If only a portion of an asset was sold, please indicate as | purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in the reporting period. | ₹ | Transaction | χ̈́m |
| Ш | | | | | | <u>L</u> | <u></u> | <u> </u> | m | | | | | | € 35 | پ | 器室式 | ጃ | | ž | ┙ |

SCHEDULE A ~ ASSETS & "UNEARNED INCOME"

Name: JOAGWIN CASTRO

Page 3 of 10

| | | | | Ţ_ | Ļ | Ţ | | Ţ | Ţ | | | | | | | 78.8 | | > |
|--|--|----------|----------|----------|----------|---|--------------|--------------|----------|---|----------|---|----------|----------|----|---------------|---|------------------------------|
| | | | | | | - A - A - A - A - A - A - A - A - A - A | | | | | marrie . | | | | | ASSET NAME EF | | Assets and/or Income Sources |
| | | | _ | - | \vdash | + | 十 | + | + | | | | | | | / ∓ | None > | |
| | + | | | +- | \vdash | ╁ | ╀ | ┿ | - | - | | | <u> </u> | _ | / | | \$1-\$1,000 _{co} | |
| | | | | 70 | | | - | + | \dashv | | | | | / | / | | R1 001 R15 000 | |
| | • | | L. | | ļ | _ | | 1 | | | | | | \angle | | | | |
| | ļ | | | | ļ | _ | \perp | Ц. | | | | | 1 | | | | \$15,001-\$50,000 | |
| | | | _ | | _ | \perp | 1 | 1 | | | | | _ | | | | \$50,001-\$100,000 m | ¥a <u>i</u> . |
| | | | | | ļ | _ | 1 | _ | _ . | | | / | | <u> </u> | | | \$100,001-\$250,000 | ne o |
| | | | <u>L</u> | <u> </u> | <u> </u> | _ | <u> </u> | _ | \bot | | _/ | _ | l | | | | \$250,001.\$500,000 p | BLOCK B Value of Asset |
| | _ | | | <u> </u> | | _ | ļ | _ | | | \angle | | | | | | \$500,001-\$1,000,000 | set |
| | | | _ | <u> </u> | Ļ | <u> </u> | <u> </u> | _ | | Λ | | | | | | | \$1,000,001-\$5,000,000 | |
| | ļ | <u> </u> | <u> </u> | 1 | _ | _ | \bot | 4 | / | | | | | | | | \$5,000,001-\$25,000,000 | |
| | | | <u> </u> | ļ | | ļ | 1 | | 4 | | | | | _ | | | \$25,000,001-\$50,000,000 | |
| | | | <u> </u> | - | <u> </u> | _ | ١, | 1 | \dashv | | | | | _ | | | Over \$50,000,000 | |
| | 1_ | <u>_</u> | | Ļ_ | | <u> </u> | L | | | | | | _ | | | | Spouse/DC Asset over \$1,000,000* | |
| | ļ | | <u> </u> | <u> </u> | _ | \bigvee | 1 | _ | _ | | | | | | ļ |] | NONE | |
| | _ | | <u> </u> | | / | 4_ | - | \downarrow | _ | _ | | | | | | | DMDENDS | |
| | _ | | | Ļ., | L | _ | <u> </u> | _ _ | | | | | | | | | RENT | _ |
| | _ | | ļ | | <u> </u> | _ | _ | 4 | | _ | | | | | | <u> </u> | INTEREST | Type of Income |
| | ļ | | 1 | 1_ | L | | \downarrow | | | | | | | | | | CAPITAL GAINS | ع و |
| | <u>.</u> | | <u>L</u> | <u> </u> | _ | ↓_ | _ | _ _ | | | | | <u> </u> | | L, | <u> </u> | EXCEPTED/BLIND TRUST | pe of Inco |
| | | | | | | | | | | | | | | | | | TAX-DEFERRED | Tie |
| / | | | | | | | | | | | | | / | | | | Other Type of Income (Specify: e.g., Partnership Income or Farm Income) | |
| | | | | 1 | T | 1 | 1 | | \dashv | | | 7 | | | | | None | |
| | | | _ | | | 1 | 1 | + | _ | | | / | | | | | \$1-\$200 = | |
| | | | | | 1 | 1 | T | 7 | | | 1 | | _ | | | | \$201-\$1,000 | |
| | | | | 1 | | † <u> </u> | T | ┪ | | / | | | | | | | \$1,001-\$2,500 < | b |
| | | | | | 1 | \top | Ì | 7 | / | | | | | | | | \$2,501-\$5,000 < | ag o |
| 1 | 1- | | _ | 1 | | 1 | Τ, | 1 | \dashv | | | | | | | | \$5,001-\$15,000 ≤ | mat C |
| | | | | | | | / | \top | | | | | | | | | \$15,001-\$50,000 <u>≤</u> | Amount of Income |
| | T | | | \top | Ι. | \checkmark | Ť | 1 | \top | | | | | | | | \$50,001-\$100,000 | CON |
| 1 | 1 | | | | | | 1 | \top | | | | | | | | | \$100,001.\$1,000,000 g | 8 |
| | | | | 7 | 1 | T | Ţ | _ | \top | | | | | | | | \$1,000,001-\$5,000,000 × | |
| | 1 | | / | 1 | | | Τ | 7 | \dashv | | | | | | | | Over \$5,000,000 | |
| | <u> </u> | | | | | | Ι | | | | | | | | | | Spouse/DC Asset with Income over \$1,000,000° | |
| | | | | | | | | | | | | | | | | | P, S, S(part), or E | Transaction |

SCHEDULE B - TRANSACTIONS

Name: JOA ONIN CASTRO

Page

| | | | | | | | | | | | None | SP Example Mega Corp. Stock | SP, DC, JT Asset | * Column K is for assets solety held by your spouse or dependent child. | 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 prolifer promote on \$500 behavior. | only a portion of an asset is sold, please choose "partial sale" as the type of transaction. | 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 | reporting period of any security or real property held by you, your spouse, or dependent child for investment or the production of income. Include transactions | Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the |
|--|------|---|--|------|------|------|--|----------|---|---|------|-----------------------------|------------------|---|--|--|--|---|--|
| | | | | | | | | | | | | | | | | ₹ • | # # P | your Had | i the |
| | | | | | | | | | | | | | | Purc | hase | | | - | Туре |
| | | | | | | | | | | | | | | Sale | | | | - | Type of Transaction |
| | | - | | | | | | | | | | × | | Parti | al Sale | · | | | saction |
| | | | | | | | | | | 1 | | | | Exch | ange | | | ľ | |
| | | | | | | | | | | | | × | | Chec \$200 | k Box if C | apital G | ain Exce | eded | |
| | | | | | | | | . | | | | 39/16 | | | weekly, if applicable | Quarterly, | (MO/DAYR) | | Date |
| | | | | | | | | | | | | | • | \$1,00 \$15,0 |)1-)60 | | > | 1 | |
| | | | | | | | | | | | | × | | \$15,i \$50,i | | | 9 | | |
| | | | | | | | | | | | | | | \$50,6 \$100 | | | | | |
| | | | | | | | | | 1 | | | | | \$100 \$250 | | | 0 | | ۶ |
| | | | | | | | | | | | | | | \$250 \$500 | | | 'n | | Amount of Transaction |
| | | | | | | | | | | | | | | \$500 \$1,00 | ,001- XO,000 | | J. | | of Trai |
| | | | | | | | | | | | | | | \$1,00 \$5,00 | 0,001- | | 6 | | nsactio |
| | | | | | | | | | | | | | | | 00,001- | | ± | | ັ ວ |
| | | | | | | | | | | | | | | | 000,001- | | _ | | |
| | | | | | | | | | | | | | | Over | \$50,000,0 | 000 | | | |
| | | ļ | | | | | | | | | 1 | | | | \$1,000,00 use/DC As | | * | | - 1 |

SCHEDULE C - EARNED INCOME

Name: JOHOWIN CASTRO Page J.

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.

INCOME LIMITS and PROHIBITED INCOME: The 2016 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,495. The 2017 limit is \$27,765. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited. Examples: None Keene State
State of Maryland
Civil War Roundtable (Oct. 2)
Ontario County Board of Education Source (include date of receipt for honoraria) Type **Amount** \$6,000 \$18,000 \$1,000

SCHEDULE D - LIABILITIES

| | Name: | |
|---|-------|----------|
| I | 1 | ١ |
| | 3 | 4 |
| | 53 | • |
| | S | • |
| ĺ | ST S | . |
| | | |
| I | Т | |

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 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 *Column K is for liabilities held solely by your spouse or dependent child.

| | | SP. | | |
|--------------------------|--|--|----------|---------------------|
| 65 Pl | Example | | | |
| lenguesional FCU | First Bank of Wilmington, DE | Creditor | | |
| 3/13 | 5/98 | Date Liability Incurred MO/YR | | |
| Mortgage - Received Res. | Mortgage on Rental Property, Dover, DE | Type of Liability | | |
| | | \$10,001- \$15,000 | > | |
| X | | \$15,001- \$50,000 | D | |
| | | \$50,001- \$100,000 | c | |
| × | × | \$100,001- \$250,000 | 0 | |
| | | \$250,001- \$500,000 | m | noun |
| | | \$500,001- \$1,000,000 | п | Amount of Liability |
| | | \$1,000,001- \$5,000,000 | ၈ | ability |
| | | \$5,000,001- \$25,000,000 | = | |
| | | \$25,000,001- \$50,000,000 | | |
| | | Over \$50,000,000 | د | |
| | | 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.

| . Control is fold in any folighous, occien, framental, or political of | i convolo nelu m any rengiosa, oscial, navenial, or political entires (such as positical parties and campaigh diganications), and positions solely or an incliniary nature. |
|--|---|
| Position | Name of Organization |
| Director | National College Advising Coco. |
| Director | inscressional Thispanic Consus Tastitute (CHCI) |
| | 11 |
| | |
| | |
| | |

SCHEDULE F - AGREEMENTS

| _ | |
|---|---------------|
| | Name: |
| | JOADUN CASTRO |
| | 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

| | | 01/13 | Date |
|---------------|------------------------------------|--|----------------------|
| | | 01/13 JOHOUN CASTRO/STATE OF TX | Parties to Agreement |
| until age 60. | Value Undetermined; connot collect | State Lesislative Retirement / Pension | Terms of Agreement |

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

| S | |
|----------------|--|
| Name: | |
| JEARWIN CASTRO | |
| Page 8 of 10 | |

Identify the source and list travel timerary, 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.

| | Source | Date(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-Builing, China-DC | Υ | ۲ | Z |
| Dioripas. | Habital for Humanity (charity fundralser) | Mar. 3-4 | DC-Boston-DC | * | ۲ | * |
| Nahie | National College Advising Corp 3/7-3/8 | 3/7-3/8 | SA -> Now York -> SA | Y | 2 | Z |
| | 0 0 1 | | • | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | <u> </u> | | |
| | 123 | i i g | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

SCHEDULE I – PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA 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. Examples: None Association of American Associations, Washington, DC XYZ Magazine Name: JIAONIN CASTRED Activity Speech Article Feb, 2, 2016 Aug. 13, 2016 Date Amount \$2,000 \$500

| | | | | | | NOTE |
|--|--|--|--|---|--|-------|
| | | | | on the Board of Directors for the organization. | Schedule H - This was related to an outside position | NOTES |