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UNITED STATES HOUSE OF REPRESENTATIVES 2017 FINANCIAL DISCLOSURE STATEMENT	Form A For Use by Members, Officers, and Employees	HAND HAND DELIVERED LEGISLATIVE RESOURCE CENTER (Office Use Only) 18 AUG 13 AN II: 20
Name: Johanin (ASTRO		A \$200 pepalty prailing appreciate any individual who files more than 30 days late.
FILER STATUS Member of the U.S. State: 1 House of Representatives District:	Cofficer or Employing Office:	: Staff Filer Type: (If Applicable) Shared Principal Assistant
TYPE 2017 Annual (Due: May 15, 2018)	Amendment Termination Date of Termination:	nination:
PRELIMINARY INFORMATION - ANSWER EACH OF TH	THESE QUESTIONS	
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. Receive more than \$200 in unearned income from any reportable asset during the reporting period? 	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?	rrangement with an Yes No No
ident child purchase, sell, or real estate in a transaction period?	Yes No 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?	ild receive any ves No No
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?	Yes No 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?	botaling more than Yes No No 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?	Yes No lieu of paying you for a speech, appearance, or article during the reporting period?	ration to charity in 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?	Yes No ATTACH THE CORRESPONDING	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"
IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	r	ANSWER EACH OF THESE QUESTIONS
IPO - Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? contact the Committee on Ethics for further guidance.	al Public Offering during the reporting period? If you answered "yes" to this question, please	uestion, please Yes I No
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics from this report details of such a trust that benefits you, your spouse, or dependent child?	nittee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded endent child?	ave you excluded Yes No M
EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics	"unearned" income, transactions, or liabilities of a spouse or your dependent child because they meet irst consulted with the Committee on Ethics.	ecause they meet Yes No V

Use additional sheets if more space is required.

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name:

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≒,8,€ 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. For rental and other real property held for investment, provide a complete address or description, e.g., "renta 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 list every financial institution where there is more \$1,000 in interest-bearing accounts. For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, the account that exceeds the reporting thresholds. 401(k) plans) provide the value for each asset held Provide complete names of stocks and mutual funds (do not use only ticker symbols). For a detailed discussion of Schedule A requirements homes and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal production of income and with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income that generated more than \$200 in "unearmed" income that generated more than \$200 in "unearmed" income please refer to the instruction booldet Exclude: Your personal residence, including second For all IRAs and other retirement plans (such during the year. you report a privately-traded fund that is an Excepted westment Fund, please check the "EIF" box. tentify (a) each asset held for investment you so choose, you may indicate that an asset tirement program, including the Thrift Savings Plan. Assets and/or income Sources Examples: severations ted CONCLOSSIONS Credit Union Credit Union ş ABC Hedge Fund Simon & Schuster Mega Corp. Stock BLOCK A Z × 묶 9 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." used. indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please specify the method ➣ *Column M is for assets held by your spouse or dependent child in which \$1-\$1,000 8 Indefinite \$1,001-\$15,000 o \$15,001-\$50,000 0 \$50,001-\$100,000 × ш Value of Asset \$100,001-\$250,000 т BLOCK B \$250,001-\$500,000 × G \$500,001-\$1,000,000 I \$1,000,001-\$5,000,000 _ \$5,000,001-\$25,000,000 ے \$25,000,001-\$50,000,000 **×** Over \$50,000,000 , Spouse/DC Asset over \$1,000,000 Z generate tax-deferred income (such as 401(k), IRA, or 529 accounts), you may check the "Tax-Deferred" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if the asset generated no income during the reporting period. NONE Check all columns that apply. **DIVIDENDS** × RENT INTEREST Type of Income CAPITAL GAINS BLOCK C EXCEPTED/BLIND TRUST TAX-DEFERRED For accounts that Royalties Partnership Other Type of Income (Specify: e.g., Partnership Income or Farm Income) 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 None For assets for which you checked "Tax-Deferred" in Block C., a may check the "None" column. For all other assets indicate *Column XII is for assets held by your spouse or dependent child in which you have no interest. accounts. Check "None" if no income was earned or generated _ 7 \$1-\$200 = \$201-\$1,000 × = \$1,001-\$2,500 ₹ Amount of Income \$2,501-\$5,000 < × BLOCKD \$5,001-\$15,000 ≤ \$15,001-\$50,000 ≦ \$50,001-\$100,000 ≦ \$100,001-\$1,000,000 $\overline{\mathbf{x}}$ \$1,000,001-\$5,000,000 × Over \$5,000,000 ≥ Spouse/DC Asset with Income over \$1,000,000 ¥ žž If only a portion of an asset was sold, please indicate as follows: (S (part)). exchanges (E) exceeding \$1,000 in the reporting purchases (P), sales (S), or Indicate if the asset had that exceeded \$1,000. period. S(part) no transactions Leave this column blank if there are Transaction S, S(part), or E BLOCKE

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ASSET NAME		BLOCK A Assets and/or Income Sources
		Ø
None	>	
\$1-\$1,000		
\$1,001-\$15,000		
	ဂ	
\$15,001-\$50,000	0	
\$50,001-\$100,000	m	Vai
\$100,001-\$250,000	п	BLOCK B Value of Asset
\$250,001-\$500,000	စ	ž C P
\$500,001-\$1,000,000	Ξ	iset
\$1,000,001-\$5,000,000		
\$5,000,001-\$25,000,000		
\$25,000,001-\$50,000,000	~	
Over \$50,000,000		
Spouse/DC Asset over \$1,000,000*	Z.	
NONE		
DIVIDENDS		
RENT		
INTEREST		Ţ,
CAPITAL GAINS		BLOCK C Type of Income
EXCEPTED/BLIND TRUST		BLOCK C
TAX-DEFERRED		ome `
Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		
None		
\$1-\$200	=	
\$201-\$1,000	=	
\$1,001-\$2,500	⋜	>
\$2,501-\$5,000	<	<u> </u>
\$5,001-\$15,000	≤	BLOCK D Amount of Income
\$15,001-\$50,000	≦	풀음
\$50,001-\$100,000	≦	CON
\$100,001-\$1,000,000	ヌ	ಹ
\$1,000,001-\$5,000,000	×	
Over \$5,000,000	×	
Spouse/DC Asset with Income over \$1,000,000*	¥	
P. S. S(part), or E		BLOCK E Transaction

SCHEDULE B - TRANSACTIONS

Name:

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

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. ¥ NONE Mega Corp. Stock Asset Purchase Type of Transaction × Partial Sale Exchange Check Box if Capital Gain Exceeded \$200 × (MO/DAYR) or Quarterly, Monthly, or Bi-weekly, if applicable Date 3/9/17 \$1,001-\$15,000 \$15,001-\$50,000 œ \$50,001-\$100,000 ဂ \$100,001-0 \$250,000 Amount of Transaction \$250,001m \$500,000 \$500.001-'n \$1,000,000 \$1,000,001-၀ \$5,000,000 \$5,000,001-ェ \$25,000,000 \$25,000,001-\$50,000,000 Over \$50,000,000 ے Over \$1,000,000* _ (Spouse/DC Asset)

SCHEDULE C - EARNED INCOME

Name: JOADUN CASTRO Page <u>♀</u> ò

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 2017 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,765. The 2018 limit is \$28,050. 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	Ontario County Board of Education	Civil War Roundtable (Oct. 2)	Keene State	Source (include date of receipt for honoraria)
							Spouse Salary	Spouse Speech	Approved Teaching Fee	Туре
							N/A	\$1,000	\$6,000	Amount

SCHEDULE D - LIABI

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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 of a business in which you own an interest (unless you are personally liable); and liabilities of a business in which you own an interest (unless you are personally liable); and liabilities of the close of the reporting period exceeded \$10,000. "Column K is for liabilities held solely by your spouse or dependent child." period. Members: Members are Report liabilities of over \$10,000 or

			SP. DC. JT		
(ong	l's.	Example			·
longressional FCU	U.S. Dept of Education	First Bank of Wilmington, DE	Creditor		
5/13	3/13 6/00	5/15	Date Liability Incurred MO/YR		
Creolit	Matage - Personal LAW School LOANS	Mortgage on Rental Property, Dover, DE	Type of Liability		
			\$10,001- \$15,000	>	
7	7		\$15,001- \$50,000	w	
			\$50,001- \$100,000	c	
	<	×	\$100,001- \$250,000	D.	
			\$250,001- \$500,000	m	Amount of Liability
			\$500,001- \$1,000,000	77	l of Liz
			\$1,000,001- \$5,000,000	ര	Villid!
			\$5,000,001- \$25,000,000	I	
			\$25,000,001- \$50,000,000	_	
			Over \$50,000,000	<u>-</u>	
			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 officer 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.

		Director	Director	Position
		Congressional Hispanic Consus Institute (CHCI)	College Advising Lorp.	Name of Organization

SCHEDULE F - AGREEMENTS

nd general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during		REEMENTS
ນ have with respect to: fu		Name:
th respect to: future employment; a leave of absence during		Name: JOADUN CASTRO
ig the period of government service;		Page_7_of_/0
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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. Identify the date, parties to, a

,		•	01/13	Date
			01/13 JOAQUIN CASTRO /SHOK OF TX	Parties to Agreement
	whil sae 60.	Value undeferning connot collect	State legislative 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 \$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, 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.

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	Source	Description	Value
Exemple:	Mr. Joseph Smith, Arlington, VA	Silver Platter (prior determination of personal friendship received from the Committee on Ethics)	\$400
		None	
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SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENT

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Name:	
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were paid by you and reimbursed by the sponsor. 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

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

					7	Family Member
	Source	Date(s)	City of Departure-Destination-City of Return	(Y/N)	(Y/N)	Included? (Y/N)
	Government of China (MECEA)	Aug. 6-11	DC-Beijing, China-DC	, ≺	٧	Z
Examples:	Habitat for Humanity (charity fundraliser)	Mar. 3-4	DC-Boslon-DC	Y	¥	٧
CHCI	CI	6/1-6/2	Y S- Sarabay son - birdy up tous	Υ	٧	N
Treets	Fredrich Ebert-Shiftung	75-7/8	Austin-Berlin, German-Austr	<	<	>
7 2 2	Impan Couder for mt'l Exchange	10/27-10/31	10/27-10/31 SAM ARTONIO-TOKYO, JAPAN-	۷.	<	>
CHCI	H	11/9-11/10	11/9-11/10 DC-Miami-Dullac	~ .	<	2
Horn	Horryard Kennedy School, IOP	1/27-11/28	4/27-11/28 SAN AMONIO-BOSTON-DC	< ·	~ ·	>
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Name: JOHOUN CASTRO	
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SCHEDULE I – PAYMENTS MADE TO CHARITY IN JEU OF HONORARIA	Name: JOHOUN CASTRO		Page 9 of 10
ist 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.	or of an event to a charitable organization	ı in lieu of paying an h	onorarium to you. A separate
Source	Activity	Date	Amount
Association of American Associations, Washington, DC	Speech	Feb, 2, 2017	\$2,000
	Article	Aug. 13, 2017	
None			

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