#### 2015 FINANCIAL DISCLOSURE STATEMENT **UNITED STATES HOUSE OF REPRESENTATIVES** Name: FILER STATUS REPORT TYPE JOAGUIN CASTRO Member of or Candidate for 2015 Annual (Due: May 16, 2016) U.S. House of Representatives District: State: Daytime Telephone: (201) 775-3736 Amendment For Use by Members, Officers, and Employees Form A Employee Officer or **Employing Office:** Termination A \$200 penalty shall be assessed against any individual who files more than 30 days late. LEGISLATIVE RESOURCE CENTER 2016 JUL 15 AM 10: 59 HAND DELIVERED Page 1 of 4

## PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS

Date of Termination:

YOU ANSWER "YES"	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"	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	<ol> <li>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?</li> </ol>	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?
Yes 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 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	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?
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 Y 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 unearned income from any reportable asset during the reporting period?

# IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS

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
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?
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.

Credit Union	Securition Find	CACOUT CACION	The state of the s	Transmine Sand	ABC Hedge Fund X	Examples	SP, SP Mega Corp. Stock EIF	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 rental 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 vaccition homes (unless there was rental income during the reporting period); and any financial income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.  If you have 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 far left.  For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	BLOCK A  Asset and/or Income Source  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, 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 multual funds (do not use only ticker symbols)  For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.
	*		7		×	Indefinite .	×	None         >           \$1-\$1,000         ∞           \$1,001-\$15,000         ∞           \$15,001-\$50,000         ∞           \$50,001-\$100,000         m           \$150,001-\$500,000         m           \$250,001-\$500,000         ∞           \$500,001-\$5,000,000         ±           \$25,000,001-\$25,000,000         ∞           \$25,000,001-\$50,000,000         ∞           \$25,000,001-\$50,000,000         ∞           \$25,000,001-\$50,000,000         ∞           \$25,000,000-\$50,000,000         ∞           \$25,000,000-\$50,000,000         ∞           \$25,000,000-\$50,000,000         ∞	you use a the method douded only and in which
					Partnership Income	Royatties	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	Type of Income  Check all columns that apply. For accounts that generate lax-deferred income (such as 401(k), sRA, 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.
*					x	×	×	None       —         \$1-\$200       =         \$201-\$1,000       =         \$1,001-\$2,500          \$2,501-\$5,000          \$5,001-\$15,000       ≤         \$15,001-\$60,000       ≤         \$100,001-\$1,000,000       =         \$100,001-\$1,000,000       ×         \$1,000,001-\$5,000,000       ×         \$5,002-\$1,000,000       ×         \$5,003-\$1,000,000       ×         \$5,003-\$1,000,000       ×         \$5,003-\$1,000,000       ×         \$5,003-\$1,000,000       ×         \$5,003-\$1,000,000       ×         \$5,003-\$1,000,000       ×         \$5,003-\$1,000,000       ×         \$5,003-\$1,000,000       ×         \$5,003-\$1,000,000       ×         \$5,003-\$1,000,000       ×         \$5,003-\$1,000,000       ×         \$5,003-\$1,000,000       ×         \$5,003-\$1,000,000       ×         \$5,003-\$1,000,000       ×         \$5,003-\$1,000,000       ×         \$5,003-\$1,000,000       ×         \$5,003-\$1,000,000       ×         \$5,003-\$1,000,000       ×         \$5,003-\$1,000,000       ×	Amount of Income  If For assets for which you checked "Tax-Deferred" in Block C, you check the "None" column. For all other assets indicate the 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 in which you have no interest.
							S(part)	Leave this column blank if there are no transactions that exceeded \$1,000.	BLOCK E Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in the reporting period. If only a portion of an asset was sold phease indicate as follows: (S (part)).

#### **SCHEDULE B - TRANSACTIONS**

Name: JOAQUIN CASTRO Page 3 of 9

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		 											SP	SP, DC, JT	Capital Gathe "capital the capital the capital	dependen resulted in Exclude it purchase a portion of a p	Report an
													Example		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.  *Column K is for assets solely held by your spouse or dependent child.	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 spoulse, 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.	Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the reporting period of any security or real property held by your source or your
							- Arminenter et al.					lone	Meg		les transac x, unless it xe on Scheo ets solety h	ovestment of loss. Pro loss. Pro between bur persons s sold, pleas	nv sade, ov
													Mega Corp. Slock		was an as dule A.	or the prod wide a brid you, your al residence ase choose	exchange
													Î	Asset	ed in a cap set in a ta spouse or	uction of in description of in spouse, spouse, e unless it partial sal	transaction
															ital gain in x-deferred dependen	or by you, ncome Into on of an or depen generated generated	ns that ex
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															\$200, cher and disclos	sactions the transaction transaction ren, or the saction.	1,000 in 18
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															Sale		Турес
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		:				 							×		Check Box if Car Exceeded \$200		
										:			3/5/15		Monthly, or Bi- weekty, if applicable	(MO/DAYR) or Quarterly,	Date
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															\$100,001- \$250,000	D	Αn
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						 ,									\$1,000,001- \$5,000,000	ര	Transaction
															\$5,000,001- \$25,000,000		š
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									_						Over \$50,000,000	) _	
															Over \$1,000,000 (Spouse/DC Asse		

### SCHEDULE C - EARNED INCOME

Name: JOHOWN CASTRO Page 4

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

types of income (no	INCOME LIMITS and PROHIBITED INCOME: The 2015 limit on outside earned income for members and employees compensated at or above the "senior start rate was \$27,225. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) were totally prohibited.	re totally prohibited.	was \$27,225. In addition, cenain
	Source (include date of receipt for honoraria)	Туре	Amount
<u> </u>	Keene State	Approved Teaching Fee	\$6,000
Examples:	State of Manyland Civil War Roundtable (Oct. 2)	Spouse Speech	\$18,000 \$1,000
	Ontario County Board of Education	Spouse Salary	N/A
Montex	tex	Spouse Salary	NA
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#### SCHEDULE D - LIABILITIES

Name:
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CASTRO
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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 to 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

					Amoi	Amount of Liability	iability	•		
Date		>	55	c	D E	m .	G	Ι	_	د
~ & <	Type of Liability	0,001- 5,000	5,001- 0,000 	00,001-	250,000 	500,001- 1,000,000	000,001- 000,000	5,000,001- 5,000,000	5,000,001- 9,000,000	\$50,000,000
Example First Bank of Wärnington, DE 5/98 Mortgage o		\$1	\$50	\$10	\$2	<b>\$</b> 5				Over
Congressional FCU 5/13 Mortgage	Mortgage on Renial Property, Dover, DE	\$1.	\$50	\$10	\$2	\$5				Over
•	e on Rental Property, Dover, DE	\$1.	\$50	\$10	\$2	\$5				Over
cation 6/00 L	Mortgage on Rental Property, Dover, DE  Mortgage Factoral Ostibae  Aw School Shetert Lorus	\$1.	\$50	\$10	\$2	\$5				Over

#### **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 entitles (such as political parties and campaign organizations); and positions solely of an honorary nature,

Position	Name of Organization
Director	NATIONAL College Advising Lorge
Director	Convicessional disposic Covicus Institute (CHCI)
AMARIA I	

#### SCHEDULE F - AGREEMENTS

Name:	
JOASOUM CANTRO	· · · · · · · · · · · · · · · · · · ·
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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.

	_		•	01/13	Date
				0/13 JOAQUIN CASTRO/STATE OF TOOKS	Parties to Agreement
		until ase 60.	Value Undereninal; Cannot collect	State Lesislative Redirensest / 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		
	The state of the s	

## SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

Name:
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sponsor or 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 \$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

**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.

ABC New	Government of China (MECEA)  Habitat for Humanity (charity fundraiser)  ABC NewS - This Wax  Make Live Inc.	Date(s) Aug 6-11 Mar. 3-16 Jan. 28-31 Mar. 14-15	City of Departure-Destination-City of Return  DC-Besjing, China-DC  DC-Boston-DC  San Anthrio - New York - DC  DC - Los Angeles - San Anthrio  San Anthrio - Austrin - San Anthrio	Lodging?	Y Y Food? (YIN)
5 8	Motion Dicture Association of America Mac. 14-15	Mac. 14-15	DC - Los Angeles - San Antonio San Antonio - Austin - San Antonio	4.	

## SCHEDULE I – PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Name: JOHOWIN CASTRO	
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List the sourc separate conf	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.	sor of an event to a charitable organ	nization in lieu of paying an	honorarium to you. A
	Source	Activity	Date	Amount
Examples:	Association of American Associations, Washington, DC	Speech	Feb, 2, 2015	\$2,000
:			3	
None	ne.			

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								NOTE NUMBER
						logal transaction.	The Dursmal loan on Schedule D was pared off by A TSP	NOTES