

UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT

FORM B

For use by candidates and new employees

Period covered: January 1, 2011 - April 28, 2012

Name: CHRISTA CASTAÑEDA Daytime Telephone: _____

APR 26 2012

2012 MAY -7 AM 9:58

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

Filer Status	<input checked="" type="checkbox"/> Candidate for the House of Representatives	State: <u>TX</u> District: <u>33</u>	Date of Election: <u>5/29/2012</u>	Check if Amendment <input type="checkbox"/>	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
	<input type="checkbox"/> New officer or employee	Employing Office: _____			

In all sections, please type or print clearly in blue or black ink.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	IV. Did you hold any reportable positions on or before the date of filing in the current calendar year or in the prior two years? If yes, complete and attach Schedule IV.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
II. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule II.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule III.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VI. Did you receive compensation of more than \$5,000 from a single source in the two prior years? If yes, complete and attach Schedule VI.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

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 benefiting you, your spouse, or a dependent child?

Yes ☐ No ☒

EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.

Yes ☐ No ☒

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Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

[illegible]

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BLOCK D

Amount of Income

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. **Dividends, interest, and capital gains, even if reinvested, must be disclosed as income.** Check "None" if no income was earned or generated.

income was earned or generated.

No
\$1
\$1
\$15
\$50
\$10
\$25
\$50
\$1
\$5
\$25
Ov

None
\$1 – \$
\$201 –
\$1,001 –
\$2,501 –
\$5,001 –
\$15,001 –
\$50,001 –
\$100,001 –
\$1,000,001 –
Over \$

			X						
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SCHEDULE II - ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name CHRISTA CARTER Page 4 of 6

BLOCK A		BLOCK B													BLOCK C								BLOCK D																					
Asset and/or Income Source		Value of Asset													Type of Income								Amount of Income																					
SP, JT, DC		A	B	C	D	E	F	G	H	I	J	K	L	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	Current Year								Preceding Year														
																						I	II	III	IV	V	VI	VII	VIII	IX	X	XI		I	II	III	IV	V	VI	VII	VIII	IX	X	XI
	Budget for Stock Fund																																											
	Gabriel Asset Fund Pass AKA																																											
	Sound Shore Fund																																											
	Vanguard GAMA Fund																																											
	Vanguard Total Bond Index																																											
	Vanguard Small Cap Ind																																											
	Vanguard Midcap Index																																											
	Schwab 5+500 Index																																											
	Vanguard Total Stock Ind																																											
	American Fund of America																																											
	Domini Safe Bond Fund																																											
	Third Avenue Value Fund																																											
	Fidelity Fund																																											
	Capital World Growth																																											
	American Funds																																											
	Growth Fund of Am-A																																											
	American Funds																																											
	American Funds																																											

Name CIRKETA CASTANEDA

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Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as a political party or campaign organization); and positions solely of an honorary nature.

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Name <u>CRYSTA CASTANEDA</u>	Page <u>6</u> of <u>6</u>
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[illegible]

Report sources of such compensation received by you or your business affiliation for services provided directly by you during the two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any nonprofit organization if you directly provided the services generating a fee or payment of more than \$5,000. **Exclude:** Payments by the U.S. Government and any information considered confidential as a result of a privileged relationship recognized by law. **Do not repeat information listed on Schedule 1.**

Source (Name and Address)		Brief Description of Duties
Example:	Doe Jones & Smith, Hometown, Homestate	Accounting services
Hartford Ins. Co., Hartford CT		Legal services
United Educators,		Legal services
MonocPhillips Company, Houston TX		Legal services
Inera Petroleum LP, Dallas TX		Legal services
Petroleum Corporation, Houston TX		Legal services
O'Keefe School of Dallas, Dallas TX		Legal services
National Health Plan - Dallas TX		Legal services