

UNITED STATES HOUSE OF REPRESENTATIVES
2020 FINANCIAL DISCLOSURE STATEMENT

 Form A
 For Use by Members, Officers, and Employees

Name: Johawin Castro **Daytime Telephone:** (202) 225-3236
HANDED
RECEIVED

A \$200 penalty shall be assessed against any individual who files more than 30 days late.

FILER STATUS	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: <u>Texas</u>	District: <u>20</u>	<input type="checkbox"/> Officer or Employee	Employing Office: _____	Staff Filing Type: <input type="checkbox"/> If Applicable
REPORT TYPE	<input checked="" type="checkbox"/> 2020 Annual (Due: May 17, 2021)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination	Date of Termination: <u>05/17/2021</u>	<input type="checkbox"/> Shared <input type="checkbox"/> Principal/Assistant	

PRELIMINARY INFORMATION – ANSWER EACH OF 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? <input checked="" type="checkbox"/>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/>	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?	
b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?					
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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/>	G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$415 in value from a single source 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 reporting period?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/>	H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursement for travel totaling more than \$415 in value from a single source during the reporting period?	
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/>	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?	
E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/>	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"	

IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - 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? If you answered "yes" to this question, please contact the Committee on Ethics for further guidance.

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?

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.

Yes **No**

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Taraire Gustavo

Page 2 of 9

SCHEDULE B – TRANSACTIONS

Name: Johnwin Castro

Page 3 of 9

Report any purchases, 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.									
Type of Transaction									Date
									Amount of Transaction

SCHEDULE C – EARNED INCOME

Name: Johnnie Castro | Page 4 of 9

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 2020 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$28,845. The 2021 limit is \$29,595. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited.

Source (include date of receipt for honoraria)

Type

Amount

Keene State	Approved Teaching Fee	\$2,000
State of Maryland	Lecturer/Bonfire	\$16,000
Club West Banquet (Oct. 2)	Social Search	\$1,000

Ontario County Board of Education

Arcoris

SPOUSE SALARY

N/A

Use additional sheets if more space is required.

SCHEDULE D – LIABILITIES

Name: JAYDEN (ACTED) Page 5 of 9

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 a spouse is 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 held solely by your spouse or dependent child.

Creditor	Type of Liability	Date Liability Incurred MO/YR	Amount of Liability							
			A	B	C	D	E	F	G	H
First Bank of Wilmington, DE	Mortgage on Rental Property, Dover, DE	5/20	\$10,001-\$15,000							
U.S. Dept. of Education	6/00		\$15,001-\$50,000							
U.S. Dept. of Education	Un School Loans		\$50,001-\$100,000							
Congressional FCU	3/13		✓	X						
Congressional FCU	Mortgage - Personal Residence			\$100,001-\$250,000						
				\$250,001-\$500,000						
				\$500,001-\$1,000,000						
				\$1,000,001-\$5,000,000						
				\$5,000,001-\$25,000,000						
				\$25,000,001-\$50,000,000						
				Over \$50,000,000						
				Over \$1,000,000* (Spouse/DC U.A.W.A.)						

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	Name of Organization
Director	College Advising Corp Longitudinal Hispanic Caucus Institute
Director	

Use additional sheets if more space is required

SCHEDULE F – AGREEMENTS

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.

Name: Jenquin Fuster Page 6 of 9

SCHEDULE G – GIFTS

Date	Parties to Agreement	Terms of Agreement
01/13	JOAQUIN CASTRO / STATE OF TX	<p>State legislative Retirement / pension Value undetermined; cannot collect until age 60.</p>

Report the source (by name), a brief description, and the value of all gifts totalling more than \$415 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 (which may not include a registered lobbyist or foreign agent), focal 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 \$165 or less need not be added towards the \$415 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.

Report the source (by name), a brief description, and the value of all gifts totaling more than \$415 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 (which may not include a registered lobbyist or foreign agent), focal 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 \$166 or less need not be audited towards the \$415 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.			
Source	Description	Value	
Example: Mr. Joseph Smith, Arlington, VA	Silver Platter (prior determination of personal friendship received from the Committee on Ethics)	\$500	<i>None</i>

Use additional sheets if more space is required.

SCHEDULE H – TRAVEL PAYMENTS and REIMBURSEMENTS

Name: JERWIN CASTRO

Page 7 of 9

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$415 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 writer 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	Leading? (Y/N)	Food? (Y/N)	Family Member Included? (Y/N)
Government of China (MECEA)	Aug. 6-11	DC-Baoding, China-DC	Y	Y	N
Habitat for Humanity (Charity Fundraiser)	Mar. 3-4	DC-Boston-DC	Y	Y	Y
None					

Use additional sheets if more space is required.

**SCHEDULE I - PAYMENTS MADE TO CHARITY IN
LIEU OF HONORARIA**

Name: Jeanne Castro Page 8 of 9

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.

Use additional sheets if more space is required.

**FILER NOTES
(Optional)**

Name: <u>José</u>	Page <u>9</u> of <u>9</u>
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NOTE NUMBER	NOTES
None	

Use additional sheets if more space is required.