

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)		2 Total pages filed: 41	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs	FIRST Teri	MI M	OFFICE USE ONLY	
	NICKNAME	LAST Castillo	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 521 Torreon St San Antonio FL 78207			Date Received	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (210)	PHONE NUMBER 464-4254	EXTENSION	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr	FIRST Joe	MI	Receipt #	Amount \$
	NICKNAME	LAST Castillo	SUFFIX III	Date Processed	
				Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 303 Cass Ave San Antonio TX 78204				
8 CAMPAIGN TREASURER PHONE	AREA CODE (210)	PHONE NUMBER 379-6751	EXTENSION		
9 REPORT TYPE	July 15: Semi-Annual				
10 PERIOD COVERED	<div>Month Day Year</div> <div>1/1/2022 THROUGH 6/30/2022</div>				
11 ELECTION	ELECTION DATE		ELECTION TYPE		
	Month Day Year 5/7/2023	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special			
12 OFFICE	OFFICE HELD (if any) Council District 5		13 OFFICE SOUGHT (if known) Council District 5		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Mrs Teri M Castillo	15 Filer ID (Ethics Commission Filers)
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16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.	
	COMMITTEE TYPE	COMMITTEE NAME
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5612.22
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 4195.77
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 11203.24
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 3500.00

18 AFFIDAVIT		
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.		
*** Electronically Certified ***		
_____ Signature of Candidate or Officeholder		
AFFIX NOTARY STAMP / SEAL ABOVE		
Sworn to and subscribed before me, by the said <u>Mrs Teri M Castillo</u> , this the <u>18th</u> day of <u>July</u> , <u>2022</u> , to certify which, witness my hand and seal of office.		
_____ Signature of officer administering oath	_____ Printed name of officer administering oath	_____ Title of officer administering oath

SUBTOTALS - COH

FORM C/OH COVER SHEET PG 3

19 FILER NAME Mrs Teri M Castillo		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5612.22
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 4195.77
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input checked="" type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
1 of 21

2 FILER NAME
Mrs Teri M Castillo

3 Filer ID (Ethics Commission Filers)

4 Date
1/2/2022

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Stephanie Medina

7 Amount of contribution (\$)
30.00

Contributor address; City; State; Zip Code
227 Lillita Ct
San Antonio, TX 78237

8 Principal occupation / Job title (See instructions)
Realtor

9 Employer (See instructions)
Texas Premier Realty

Date
1/7/2022

Full name of contributor ☐ out-of-state PAC (ID# _____)
James Long

Amount of contribution (\$)
17.00

Contributor address; City; State; Zip Code
2508 Tampico Street
San Antonio, TX 78207

Principal occupation / Job title (See instructions)
Teacher

Employer (See instructions)
SAISD

Date
1/13/2022

Full name of contributor ☐ out-of-state PAC (ID# _____)
Justice Lovin

Amount of contribution (\$)
47.00

Contributor address; City; State; Zip Code
9803 Wahada Ave
San Antonio, TX 78217

Principal occupation / Job title (See instructions)
Teacher

Employer (See instructions)
SAISD

Date
1/14/2022

Full name of contributor ☐ out-of-state PAC (ID# _____)
Brent Biglin

Amount of contribution (\$)
47.00

Contributor address; City; State; Zip Code
419 Rosa Verde
San Antonio, TX 78207

Principal occupation / Job title (See instructions)
Designer

Employer (See instructions)
Dell

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2 of 21
2 FILER NAME Mrs Teri M Castillo		3 Filer ID (Ethics Commission Filers)
4 Date 1/14/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Huey Rey Fischer 6 Contributor address; City; State; Zip Code 445 East Mistletoe San Antonio, TX 78212	7 Amount of contribution (\$) 27.00
8 Principal occupation / Job title (See instructions) Attorney		9 Employer (See instructions) Jackson Walker LLP
Date 1/17/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Amador Salazar Contributor address; City; State; Zip Code 6503 Arrid Pass San Antonio, TX 78238	Amount of contribution (\$) 6.00
Principal occupation / Job title (See instructions) Graduate Student		Employer (See instructions) University of Texas at San Antonio4670
Date 1/19/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Daniel Graham Contributor address; City; State; Zip Code 1811 Oak St. North Aurora, IL 60542	Amount of contribution (\$) 1.11
Principal occupation / Job title (See instructions) Teacher		Employer (See instructions) DeKalb high school
Date 1/22/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Abigail Baiza Contributor address; City; State; Zip Code 103 Catherine Street San Antonio, TX 78237	Amount of contribution (\$) 17.00
Principal occupation / Job title (See instructions) Teacher		Employer (See instructions) IDEA
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
3 of 21

2 FILER NAME
Mrs Teri M Castillo

3 Filer ID (Ethics Commission Filers)

4 Date
1/22/2022

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Evelyn Ann Garcia

7 Amount of contribution (\$)
17.00

6 Contributor address; City; State; Zip Code
**2207 Wescott Avenue
San Antonio, TX 78237**

8 Principal occupation / Job title (See instructions)
AP Assistant

9 Employer (See instructions)
Our Lady of the Lake University

Date
1/22/2022

Full name of contributor ☐ out-of-state PAC (ID# _____)
Jesse Herrera

Amount of contribution (\$)
10.00

Contributor address; City; State; Zip Code
**810 Saldhana St
San Antonio, TX 78225**

Principal occupation / Job title (See instructions)
Not Employed

Employer (See instructions)
Not Employed

Date
1/23/2022

Full name of contributor ☐ out-of-state PAC (ID# _____)
Rebecca Flores

Amount of contribution (\$)
10.00

Contributor address; City; State; Zip Code
**502 Cass Ave
San Antonio, TX 78204**

Principal occupation / Job title (See instructions)
Not Employed

Employer (See instructions)
Not Employed

Date
1/31/2022

Full name of contributor ☐ out-of-state PAC (ID# _____)
Colton Uden

Amount of contribution (\$)
15.00

Contributor address; City; State; Zip Code
**100 N Santa Rosa St #808
San Antonio, TX 78207**

Principal occupation / Job title (See instructions)
Student/Intern

Employer (See instructions)
UTSA

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4 of 21
2 FILER NAME Mrs Teri M Castillo		3 Filer ID (Ethics Commission Filers)
4 Date 2/3/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jon Cooney 6 Contributor address; City; State; Zip Code 1029 KAPAHULU AV Honolulu, HI 96816	7 Amount of contribution (\$) 5.00
8 Principal occupation / Job title (See instructions) Physician		9 Employer (See instructions) Self
Date 2/7/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Vickie Willoughby Contributor address; City; State; Zip Code 421 South General McMullen Drive San Antonio, TX 78237	Amount of contribution (\$) 250.00
Principal occupation / Job title (See instructions) Inspector		Employer (See instructions) HUD/FEMA
Date 2/7/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) James Long Contributor address; City; State; Zip Code 2508 Tampico Street San Antonio, TX 78207	Amount of contribution (\$) 17.00
Principal occupation / Job title (See instructions) Teacher		Employer (See instructions) SAISD
Date 2/14/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brent Biglin Contributor address; City; State; Zip Code 419 Rosa Verde San Antonio, TX 78207	Amount of contribution (\$) 47.00
Principal occupation / Job title (See instructions) Designer		Employer (See instructions) Dell
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5 of 21
2 FILER NAME Mrs Teri M Castillo		3 Filer ID (Ethics Commission Filers)
4 Date 2/17/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Amador Salazar 6 Contributor address; City; State; Zip Code 6503 Arrid Pass San Antonio, TX 78238	7 Amount of contribution (\$) 6.00
8 Principal occupation / Job title (See instructions) Graduate Student		9 Employer (See instructions) University of Texas at San Antonio4670
Date 2/19/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Daniel Graham Contributor address; City; State; Zip Code 1811 Oak St. North Aurora, IL 60542	Amount of contribution (\$) 1.11
Principal occupation / Job title (See instructions) Teacher		Employer (See instructions) DeKalb high school
Date 3/7/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) James Long Contributor address; City; State; Zip Code 2508 Tampico Street San Antonio, TX 78207	Amount of contribution (\$) 17.00
Principal occupation / Job title (See instructions) Teacher		Employer (See instructions) SAISD
Date 3/14/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brent Biglin Contributor address; City; State; Zip Code 419 Rosa Verde San Antonio, TX 78207	Amount of contribution (\$) 47.00
Principal occupation / Job title (See instructions) Designer		Employer (See instructions) Dell
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6 of 21
2 FILER NAME Mrs Teri M Castillo		3 Filer ID (Ethics Commission Filers)
4 Date 3/17/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Amador Salazar 6 Contributor address; City; State; Zip Code 6503 Arrid Pass San Antonio, TX 78238	7 Amount of contribution (\$) 6.00
8 Principal occupation / Job title (See instructions) Graduate Student		9 Employer (See instructions) University of Texas at San Antonio4670
Date 3/19/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Daniel Graham Contributor address; City; State; Zip Code 1811 Oak St. North Aurora, IL 60542	Amount of contribution (\$) 1.11
Principal occupation / Job title (See instructions) Teacher		Employer (See instructions) DeKalb high school
Date 4/7/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) James Long Contributor address; City; State; Zip Code 2508 Tampico Street San Antonio, TX 78207	Amount of contribution (\$) 17.00
Principal occupation / Job title (See instructions) Teacher		Employer (See instructions) SAISD
Date 4/14/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brent Biglin Contributor address; City; State; Zip Code 419 Rosa Verde San Antonio, TX 78207	Amount of contribution (\$) 47.00
Principal occupation / Job title (See instructions) Designer		Employer (See instructions) Dell
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME
Mrs Teri M Castillo

3 Filer ID (Ethics Commission Filers)

4 Date
4/17/2022

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Amador Salazar

7 Amount of contribution (\$) **6.00**

6 Contributor address; City; State; Zip Code
**6503 Arrid Pass
San Antonio, TX 78238**

8 Principal occupation / Job title (See instructions)
Graduate Student

9 Employer (See instructions)
University of Texas at San Antonio4670

Date
4/19/2022

Full name of contributor ☐ out-of-state PAC (ID# _____)
Daniel Graham

Amount of contribution (\$) **1.11**

Contributor address; City; State; Zip Code
**1811 Oak St.
North Aurora, IL 60542**

Principal occupation / Job title (See instructions)
Teacher

Employer (See instructions)
DeKalb high school

Date
4/26/2022

Full name of contributor ☐ out-of-state PAC (ID# _____)
Ana Sandoval Campaign

Amount of contribution (\$) **250.00**

Contributor address; City; State; Zip Code
**1222 Donaldson Ave
San Antonio, TX 78228**

Principal occupation / Job title (See instructions)
City Council Member

Employer (See instructions)
San Antonio

Date
4/26/2022

Full name of contributor ☐ out-of-state PAC (ID# _____)
Teri Castillo Campaign

Amount of contribution (\$) **1759.06**

Contributor address; City; State; Zip Code
**521 Torreon
San Antonio, TX 78207**

Principal occupation / Job title (See instructions)
City Council Member

Employer (See instructions)
San Antonio

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
8 of 21

2 FILER NAME
Mrs Teri M Castillo

3 Filer ID (Ethics Commission Filers)

4 Date
5/7/2022

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
James Long

7 Amount of contribution (\$)
17.00

6 Contributor address; City; State; Zip Code
**2508 Tampico Street
San Antonio, TX 78207**

8 Principal occupation / Job title (See instructions)
Teacher

9 Employer (See instructions)
SAISD

Date
5/14/2022

Full name of contributor ☐ out-of-state PAC (ID# _____)
Brent Biglin

Amount of contribution (\$)
47.00

Contributor address; City; State; Zip Code
**419 Rosa Verde
San Antonio, TX 78207**

Principal occupation / Job title (See instructions)
Designer

Employer (See instructions)
Dell

Date
5/17/2022

Full name of contributor ☐ out-of-state PAC (ID# _____)
Amador Salazar

Amount of contribution (\$)
6.00

Contributor address; City; State; Zip Code
**6503 Arrid Pass
San Antonio, TX 78238**

Principal occupation / Job title (See instructions)
Graduate Student

Employer (See instructions)
University of Texas at San Antonio4670

Date
5/19/2022

Full name of contributor ☐ out-of-state PAC (ID# _____)
Daniel Graham

Amount of contribution (\$)
1.11

Contributor address; City; State; Zip Code
**1811 Oak St.
North Aurora, IL 60542**

Principal occupation / Job title (See instructions)
Teacher

Employer (See instructions)
DeKalb high school

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 9 of 21
2 FILER NAME Mrs Teri M Castillo		3 Filer ID (Ethics Commission Filers)
4 Date 5/23/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Frank Burney 6 Contributor address; City; State; Zip Code 112 E. Pecan St #1616 San Antonio, TX 78205	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See instructions) Partner		9 Employer (See instructions) Martin & Drought P.C.
Date 6/7/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) James Long Contributor address; City; State; Zip Code 2508 Tampico Street San Antonio, TX 78207	Amount of contribution (\$) 17.00
Principal occupation / Job title (See instructions) Teacher		Employer (See instructions) SAISD
Date 6/7/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Max Neaves Contributor address; City; State; Zip Code 1119 Alexander Hamilton SAN ANTONIO, TX 78228	Amount of contribution (\$) 10.00
Principal occupation / Job title (See instructions) Sales associate		Employer (See instructions) Skechers
Date 6/8/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Justice Lovin Contributor address; City; State; Zip Code 115 Regent San Antonio, TX 78204	Amount of contribution (\$) 50.00
Principal occupation / Job title (See instructions) Teacher		Employer (See instructions) SAISD
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10 of 21
2 FILER NAME Mrs Teri M Castillo		3 Filer ID (Ethics Commission Filers)
4 Date 6/10/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Katy Bravenec 6 Contributor address; City; State; Zip Code 501 Shook Ave San Antonio, TX 78212	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See instructions) Chief of Staff		9 Employer (See instructions) City of San Antonio District 5
Date 6/13/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Matthew Downing Contributor address; City; State; Zip Code 8903 Mandevilla Universal City, TX 78148	Amount of contribution (\$) 10.00
Principal occupation / Job title (See instructions) Not Employed		Employer (See instructions) Not Employed
Date 6/14/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ariana Rodriguez Contributor address; City; State; Zip Code PO Box 1563 Alice, TX 78333	Amount of contribution (\$) 5.00
Principal occupation / Job title (See instructions) Social Media & Content Manager		Employer (See instructions) Sister District
Date 6/14/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cody C Robards Contributor address; City; State; Zip Code 18118 Scenic Loop Rd. Helotes, TX 78023	Amount of contribution (\$) 50.00
Principal occupation / Job title (See instructions) Programmer		Employer (See instructions) U.S. Air Force
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME
Mrs Teri M Castillo

3 Filer ID (Ethics Commission Filers)

4 Date
6/14/2022

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Brent Biglin

7 Amount of contribution (\$)
47.00

6 Contributor address; City; State; Zip Code
**419 Rosa Verde
San Antonio, TX 78207**

8 Principal occupation / Job title (See instructions)
Designer

9 Employer (See instructions)
Dell

Date
6/15/2022

Full name of contributor ☐ out-of-state PAC (ID# _____)
Huey Rey Fischer

Amount of contribution (\$)
25.00

Contributor address; City; State; Zip Code
**445 East Mistletoe
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Jackson Walker LLP

Date
6/15/2022

Full name of contributor ☐ out-of-state PAC (ID# _____)
Mia Loseff

Amount of contribution (\$)
25.00

Contributor address; City; State; Zip Code
**304 Funston Pl
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
Regional Director

Employer (See instructions)
Texas Housers

Date
6/15/2022

Full name of contributor ☐ out-of-state PAC (ID# _____)
Gina Cramer

Amount of contribution (\$)
25.00

Contributor address; City; State; Zip Code
**2234 Fresno
San Antonio, TX 78201**

Principal occupation / Job title (See instructions)
Data analyst

Employer (See instructions)
META

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 12 of 21
2 FILER NAME Mrs Teri M Castillo		3 Filer ID (Ethics Commission Filers)
4 Date 6/15/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brittany Sharp 6 Contributor address; City; State; Zip Code 13638 Mason crest Dr San antonio, TX 78247	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See instructions) Social Work		9 Employer (See instructions) Martinez Street Women's Center
Date 6/15/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Peter Martinez Contributor address; City; State; Zip Code 2810 Routh Creek Parkway Apartment 1123 Richardson, TX 75082	Amount of contribution (\$) 25.00
Principal occupation / Job title (See instructions) Not Employed		Employer (See instructions) Not Employed
Date 6/15/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Derek Tulowitzky Contributor address; City; State; Zip Code 100 N Santa Rosa #1127 San Antonio, TX 78207	Amount of contribution (\$) 14.00
Principal occupation / Job title (See instructions) Graduate Teaching Assistant		Employer (See instructions) Ball State University
Date 6/15/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Karen Munoz Contributor address; City; State; Zip Code 5450 Rowley Rd #312 San Antonio, TX 78240	Amount of contribution (\$) 25.00
Principal occupation / Job title (See instructions) Not Employed		Employer (See instructions) Not Employed
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
13 of 21

2 FILER NAME
Mrs Teri M Castillo

3 Filer ID (Ethics Commission Filers)

4 Date
6/16/2022

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Christopher Mayorga

7 Amount of contribution (\$)
10.00

6 Contributor address; City; State; Zip Code
**3819 Harry Wurzbach Rd
San Antonio, MN 78209**

8 Principal occupation / Job title (See instructions)
Research

9 Employer (See instructions)
Rewiring America

Date
6/16/2022

Full name of contributor ☐ out-of-state PAC (ID# _____)
Marcos Carmona

Amount of contribution (\$)
2.50

Contributor address; City; State; Zip Code
**1710 McKinley Ave
San Antonio, TX 78210**

Principal occupation / Job title (See instructions)
Not Employed

Employer (See instructions)
Not Employed

Date
6/16/2022

Full name of contributor ☐ out-of-state PAC (ID# _____)
Richard Araiza

Amount of contribution (\$)
2.50

Contributor address; City; State; Zip Code
**1715 w Houston st
San Antonio, TX 78207**

Principal occupation / Job title (See instructions)
Electrician

Employer (See instructions)
Klecka

Date
6/16/2022

Full name of contributor ☐ out-of-state PAC (ID# _____)
Taylor Renee Joseph

Amount of contribution (\$)
2.50

Contributor address; City; State; Zip Code
**8033 Myrtle Glade
Converse, TX 78109**

Principal occupation / Job title (See instructions)
Epidemiologist

Employer (See instructions)
COSA

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 14 of 21
2 FILER NAME Mrs Teri M Castillo		3 Filer ID (Ethics Commission Filers)
4 Date 6/16/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ed Hinojosa Jr 6 Contributor address; City; State; Zip Code 4015 Sylvanoaks Dr San Antonio, TX 78229	7 Amount of contribution (\$) 400.00
8 Principal occupation / Job title (See instructions) President		9 Employer (See instructions) San Antonio Housing Authority
Date 6/16/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sarah Pegues Contributor address; City; State; Zip Code 22224 Escalante run san antonio, TX 78261	Amount of contribution (\$) 5.00
Principal occupation / Job title (See instructions) DDOS		Employer (See instructions) HGP
Date 6/16/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jana Temple Contributor address; City; State; Zip Code 11710 Parliament Street 108 San Antonio, TX 78213	Amount of contribution (\$) 25.00
Principal occupation / Job title (See instructions) Not Employed		Employer (See instructions) Not Employed
Date 6/16/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Robert Laurence Contributor address; City; State; Zip Code 332 Pendleton Ave #3 San Antonio, TX 78230	Amount of contribution (\$) 10.00
Principal occupation / Job title (See instructions) Organizer		Employer (See instructions) JBC Campaigns
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 15 of 21
2 FILER NAME Mrs Teri M Castillo		3 Filer ID (Ethics Commission Filers)
4 Date 6/16/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gabriel Rodriguez 6 Contributor address; City; State; Zip Code 10023 Emerald Sun San Antonio, TX 78245	7 Amount of contribution (\$) 25.00
8 Principal occupation / Job title (See instructions) Artist		9 Employer (See instructions) Self Employed
Date 6/16/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Carmen Vidal Contributor address; City; State; Zip Code 635 Cincinnati Ave San Antonio, TX 78201	Amount of contribution (\$) 10.00
Principal occupation / Job title (See instructions) Designer		Employer (See instructions) OA
Date 6/16/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rohit Upadhya Contributor address; City; State; Zip Code 4437 Holt Street Union City, CA 94587	Amount of contribution (\$) 13.50
Principal occupation / Job title (See instructions) engineer		Employer (See instructions) Bandera Electric Cooperative
Date 6/16/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Joe Webb Contributor address; City; State; Zip Code 109 W French Place San Antonio, TX 78212	Amount of contribution (\$) 10.00
Principal occupation / Job title (See instructions) Ecologist		Employer (See instructions) J&L Consulting
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
16 of 21

2 FILER NAME
Mrs Teri M Castillo

3 Filer ID (Ethics Commission Filers)

4 Date
6/16/2022

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Anthony Borrego

7 Amount of contribution (\$) **25.00**

6 Contributor address; City; State; Zip Code
**1214 morey peak dr
San Antonio, TX 78213**

8 Principal occupation / Job title (See instructions)
Food manufacturing

9 Employer (See instructions)
Adelita

Date
6/16/2022

Full name of contributor ☐ out-of-state PAC (ID# _____)
Jordan Navarro

Amount of contribution (\$) **2.50**

Contributor address; City; State; Zip Code
**10649 State Highway 107
Santa Rosa, TX 78593**

Principal occupation / Job title (See instructions)
Not Employed

Employer (See instructions)
Not Employed

Date
6/16/2022

Full name of contributor ☐ out-of-state PAC (ID# _____)
Derek Tulowitzky

Amount of contribution (\$) **100.00**

Contributor address; City; State; Zip Code
**100 N Santa Rosa Apt #1127
San Antonio, TX 78207**

Principal occupation / Job title (See instructions)
Director of Zoning and Planning

Employer (See instructions)
Local Government Corporation

Date
6/16/2022

Full name of contributor ☐ out-of-state PAC (ID# _____)
Carol Aguero

Amount of contribution (\$) **10.00**

Contributor address; City; State; Zip Code
**102 Rosemary
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
Paralegal

Employer (See instructions)
San Antonio

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 17 of 21
2 FILER NAME Mrs Teri M Castillo		3 Filer ID (Ethics Commission Filers)
4 Date 6/16/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Paula Cary 6 Contributor address; City; State; Zip Code 921 Potomac San Antonio, TX 78202	7 Amount of contribution (\$) 10.00
8 Principal occupation / Job title (See instructions) Recruiter		9 Employer (See instructions) Adecco
Date 6/16/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Samantha Buresch Contributor address; City; State; Zip Code 405 North Wabash Avenue #2201 Chicago, IL 60611	Amount of contribution (\$) 2.50
Principal occupation / Job title (See instructions) Teacher		Employer (See instructions) PCS
Date 6/16/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lexy Garcia Contributor address; City; State; Zip Code 109 w French place San Antonio, TX 78212	Amount of contribution (\$) 2.50
Principal occupation / Job title (See instructions) Organizer		Employer (See instructions) Texas freedom network
Date 6/16/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brent A Biglin Contributor address; City; State; Zip Code 419 Rosa Verde San Antonio, TX 78207	Amount of contribution (\$) 50.00
Principal occupation / Job title (See instructions) Designer		Employer (See instructions) Dell

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
18 of 21

2 FILER NAME
Mrs Teri M Castillo

3 Filer ID (Ethics Commission Filers)

4 Date
6/16/2022

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Alfred Montoya

7 Amount of contribution (\$)
50.00

6 Contributor address; City; State; Zip Code
**2014 Leal St
San Antonio, TX 78207**

8 Principal occupation / Job title (See instructions)
Professor

9 Employer (See instructions)
Trinity University

Date
6/16/2022

Full name of contributor ☐ out-of-state PAC (ID# _____)
Karen Munoz

Amount of contribution (\$)
2.50

Contributor address; City; State; Zip Code
**5450 Rowley Rd #312
San Antonio, TX 78240**

Principal occupation / Job title (See instructions)
Not Employed

Employer (See instructions)
Not Employed

Date
6/16/2022

Full name of contributor ☐ out-of-state PAC (ID# _____)
Gina Cramer

Amount of contribution (\$)
75.00

Contributor address; City; State; Zip Code
**2234 Fresno
San Antonio, TX 78201**

Principal occupation / Job title (See instructions)
Data analyst

Employer (See instructions)
META

Date
6/16/2022

Full name of contributor ☐ out-of-state PAC (ID# _____)
Justice Lovin

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**115 Regent
San Antonio, TX 78204**

Principal occupation / Job title (See instructions)
Teacher

Employer (See instructions)
SAISD

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
19 of 21

2 FILER NAME
Mrs Teri M Castillo

3 Filer ID (Ethics Commission Filers)

4 Date
6/16/2022

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Amador Salazar

7 Amount of contribution (\$)
100.00

6 Contributor address; City; State; Zip Code
**6503 Arrid Pass
San Antonio, TX 78238**

8 Principal occupation / Job title (See instructions)
Graduate Student

9 Employer (See instructions)
University of Texas at San Antonio4670

Date
6/16/2022

Full name of contributor ☐ out-of-state PAC (ID# _____)
Justin Renteria

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**6647 grist mill
San antonio, TX 78238**

Principal occupation / Job title (See instructions)
Communications

Employer (See instructions)
Roberto Trevino City Council District 1

Date
6/16/2022

Full name of contributor ☐ out-of-state PAC (ID# _____)
Samuel Durandard

Amount of contribution (\$)
200.00

Contributor address; City; State; Zip Code
**311 Carnahan St
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
Financial analyst

Employer (See instructions)
USAA

Date
6/16/2022

Full name of contributor ☐ out-of-state PAC (ID# _____)
Jessica Cisneros

Amount of contribution (\$)
25.00

Contributor address; City; State; Zip Code
**3501 San Eduardo
Laredo, TX 78041**

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
RAICES

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 20 of 21
2 FILER NAME Mrs Teri M Castillo		3 Filer ID (Ethics Commission Filers)
4 Date 6/17/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Amador Salazar 6 Contributor address; City; State; Zip Code 6503 Arrid Pass San Antonio, TX 78238	7 Amount of contribution (\$) 6.00
8 Principal occupation / Job title (See instructions) Graduate Student		9 Employer (See instructions) University of Texas at San Antonio4670
Date 6/17/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ramon Acosta Contributor address; City; State; Zip Code 3510 ROBIN MDW SAN ANTONIO, TX 78222	Amount of contribution (\$) 13.50
Principal occupation / Job title (See instructions) Telecom Engineer		Employer (See instructions) Squan Construction Services
Date 6/19/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Daniel Graham Contributor address; City; State; Zip Code 1811 Oak St. North Aurora, IL 60542	Amount of contribution (\$) 1.11
Principal occupation / Job title (See instructions) Teacher		Employer (See instructions) DeKalb high school
Date 6/20/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sheena Taylor Contributor address; City; State; Zip Code 12330 Vance Jackson #7301 San Antonio, TX 78230	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) Inside Sales Rep		Employer (See instructions) NewTek
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
21 of 21

2 FILER NAME
Mrs Teri M Castillo

3 Filer ID (Ethics Commission Filers)

4 Date
6/20/2022

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Edward Hernandez

7 Amount of contribution (\$)
50.00

6 Contributor address; City; State; Zip Code
**256 Brighton Ave
San Francisco, CA 94112**

8 Principal occupation / Job title (See instructions)
Senior Software Engineer

9 Employer (See instructions)
Microsoft

Date
6/23/2022

Full name of contributor ☐ out-of-state PAC (ID# _____)
Andi Rodr  guez

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**222 E Houston St
San Antonio, TX 78205**

Principal occupation / Job title (See instructions)
Placemaker

Employer (See instructions)
Centro SA

Date
6/28/2022

Full name of contributor ☐ out-of-state PAC (ID# _____)
A.J. Gonzalez II

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**301 Encino Avenue
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
Self Employed

Employer (See instructions)
Self

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See instructions)

Employer (See instructions)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 1 of 1
2 FILER NAME Mrs Teri M Castillo		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) 7 Contributor address; City; State; Zip Code	8 Amount of Contribution \$ 9 In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of Contribution \$ In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements		

PLEDGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B: 1 of 1
2 FILER NAME Mrs Teri M Castillo		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED PLEDGES		\$ 0
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) 7 Pledgor address; City; State; Zip Code	8 Amount of Pledge \$ 9 In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
10 Principal occupation / Job title (See instructions)		11 Employer (See instructions)
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$ In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$ In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$ In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
Principal occupation / Job title (See instructions)		Employer (See instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements		

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:
1 of 1

2 FILER NAME
Mrs Teri M Castillo

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$ 0

5 Date of loan

7 Name of lender ☐ out-of-state PAC (ID# _____)

9 Loan Amount (\$)

6 Is lender a
financial
institution?

8 Lender address; City; State; Zip Code

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See instructions)

13 Employer (See instructions)

14 Description of Collateral
☐ none

15 ☐ Check if personal funds were deposited into political
account (See instructions)

16 GUARANTOR
INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address; City; State; Zip Code

☐ not applicable

20 Principal occupation (See instructions)

21 Employer (See instructions)

Date of loan

Name of lender ☐ out-of-state PAC (ID# _____)

Loan Amount (\$)

Is lender a
financial
institution?

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See instructions)

Employer (See instructions)

Description of Collateral
☐ none

☐ Check if personal funds were deposited into political
account (See Instructions)

GUARANTOR
INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

☐ not applicable

Principal occupation (See instructions)

Employer (See instructions)

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If lender is out-of-state PAC, please see instruction guide for additional reporting requirements

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 1 of 5	2 FILER NAME Mrs Teri M Castillo		3 Filer ID (Ethics Commission Filers)
4 Date 1/5/2022	5 Payee name ActBlue		
6 Amount (\$) 45.49	7 Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees		(b) Description Fundraising platform
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			
Date 1/11/2022	Payee name VANTIV eCommerce		
Amount (\$) 61.46	Payee address; City; State; Zip Code 8500 Governors Hill Drive Cincinnati, OH 45249		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees		Description Fundraising Transfer Service
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			
Date 1/18/2022	Payee name TEXAS DEMOCRATIC PARTY		
Amount (\$) 540.00	Payee address; City; State; Zip Code PO Box 116 Austin, TX 78767		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: VAN		Description VAN
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 2 of 5	2 FILER NAME Mrs Teri M Castillo		3 Filer ID (Ethics Commission Filers)
4 Date 2/3/2022	5 Payee name ActBlue		
6 Amount (\$) 3.70	7 Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees		(b) Description Fundraising platform
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date 3/3/2022	Payee name ActBlue		
Amount (\$) 4.91	Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees		Description Fundraising platform
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date 3/18/2022	Payee name PNC Bank		
Amount (\$) 4.50	Payee address; City; State; Zip Code 249 Fifth Avenue Pittsburgh, PA 15222		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees		Description Counter Check Fee
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 3 of 5	2 FILER NAME Mrs Teri M Castillo		3 Filer ID (Ethics Commission Filers)
4 Date 3/18/2022	5 Payee name PNC Bank		
6 Amount (\$) 1.50	7 Payee address; City; State; Zip Code 249 Fifth Avenue Pittsburgh, MA 15222		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees		(b) Description Counter Check Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date 4/4/2022	Payee name SA Flavor LLC		
Amount (\$) 1759.06	Payee address; City; State; Zip Code 105 Cobblestone Ct San Antonio, TX 78213		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense		Description Fiesta Medal
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date 4/4/2022	Payee name ActBlue		
Amount (\$) 1.08	Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees		Description Fundraising platform
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 4 of 5	2 FILER NAME Mrs Teri M Castillo		3 Filer ID (Ethics Commission Filers)
4 Date 4/8/2022	5 Payee name SA Flavor LLC		
6 Amount (\$) 1759.06	7 Payee address; City; State; Zip Code 105 Cobblestone Ct San Antonio, TX 78213		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Printing Expense		(b) Description Unneeded Cashier Check. Later returned on 04/26/2022
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date 5/4/2022	Candidate / Officeholder name ActBlue		
Amount (\$) 1.08	Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees		Description Fundraising platform
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date 5/10/2022	Candidate / Officeholder name VANTIV (Worldpay, Inc)		
Amount (\$) 5.35	Payee address; City; State; Zip Code 8500 Governors Hill Drive Cincinnati, OH 45249		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees		Description Fundraising Transfer Service
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 5 of 5	2 FILER NAME Mrs Teri M Castillo		3 Filer ID (Ethics Commission Filers)
4 Date 6/3/2022	5 Payee name ActBlue		
6 Amount (\$) 8.58	7 Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees		(b) Description Fundraising platform
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)		Description
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)		Description
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			

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UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Accounting/Banking
Advertising Expense
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gifts/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F2: 1 of 1	2 FILER NAME Mrs Teri M Castillo	3 Filer ID (Ethics Commission Filers)				
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$ 0				
5 Date	6 Payee name					
7 Amount (\$)	8 Payee address; City; State; Zip Code					
9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political					
10 PURPOSE OF EXPENDITURE	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> (a) Category (See categories listed at the top of this schedule) </td> <td style="width: 50%; vertical-align: top;"> (b) Description </td> </tr> <tr> <td colspan="2" style="vertical-align: top;"> (c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense </td> </tr> </table>		(a) Category (See categories listed at the top of this schedule)	(b) Description	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
(a) Category (See categories listed at the top of this schedule)	(b) Description					
(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense						
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH						
<table style="width: 100%;"> <tr> <td style="width: 33%;">Candidate / Officeholder name</td> <td style="width: 33%;">Office sought</td> <td style="width: 33%;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held	
Candidate / Officeholder name	Office sought	Office held				

Date	Payee name					
Amount (\$)	Payee address; City; State; Zip Code					
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political					
PURPOSE OF EXPENDITURE	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;">Category (See categories listed at the top of this schedule)</td> <td style="width: 50%; vertical-align: top;">Description</td> </tr> <tr> <td colspan="2" style="vertical-align: top;"> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense </td> </tr> </table>		Category (See categories listed at the top of this schedule)	Description	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Category (See categories listed at the top of this schedule)	Description					
<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense						
Complete <u>ONLY</u> if direct expenditure to benefit C/OH						
<table style="width: 100%;"> <tr> <td style="width: 33%;">Candidate / Officeholder name</td> <td style="width: 33%;">Office sought</td> <td style="width: 33%;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held	
Candidate / Officeholder name	Office sought	Office held				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F3:
1 of 1

2 FILER NAME

Mrs Teri M Castillo

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom investment is purchased

.....
6 Address of person from whom investment is purchased; City; State; Zip Code

7 Description of investment

8 Amount of investment (\$)

Date

Name of person from whom investment is purchased

.....
Address of person from whom investment is purchased; City; State; Zip Code

Description of investment

Amount of investment (\$)

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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Accounting/Banking
Advertising Expense
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gifts/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F4: 1 of 1	2 FILER NAME Mrs Teri M Castillo	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 0
--	-------------

5 Date	6 Payee name
---------------	---------------------

7 Amount (\$)	8 Payee address; City; State; Zip Code
----------------------	---

9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
------------------------------	---

10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
---------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking
Advertising Expense
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gifts/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule G: 1 of 1	2 FILER NAME Mrs Teri M Castillo	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee Name	
6 Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	
	(b) Description	
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held

Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	
	Description	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held

Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	
	Description	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

1 Total pages Schedule H: 1 of 1	2 FILER NAME Mrs Teri M Castillo	3 Filer ID (Ethics Commission Filers)
4 Date	5 Business name	
6 Amount (\$)	7 Business address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: 1 of 1	2 FILER NAME Mrs Teri M Castillo		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)	

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INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

1 of 1

2 FILER NAME

Mrs Teri M Castillo

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom amount is received

8 Amount (\$)

6 Address of person from whom amount is received; City; State; Zip Code

7 Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

☐ Check if political contribution returned to filer

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IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T: 1 of 1
2 FILER NAME Mrs Teri M Castillo		3 Filer ID (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between; padding: 5px 0;"><div><input type="checkbox"/> Schedule A2</div><div><input type="checkbox"/> Schedule B</div><div><input type="checkbox"/> Schedule B(J)</div><div><input type="checkbox"/> Schedule C2</div><div><input type="checkbox"/> Schedule D</div><div><input type="checkbox"/> Schedule F1</div><div><input type="checkbox"/> Schedule F2</div><div><input type="checkbox"/> Schedule F4</div><div><input type="checkbox"/> Schedule G</div><div><input type="checkbox"/> Schedule H</div><div><input type="checkbox"/> Schedule COH-UC</div><div><input type="checkbox"/> Schedule B-SS</div></div>		
6 Dates of travel	7 Name of person(s) traveling	
	8 Departure city or name of departure location	
	9 Destination city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between; padding: 5px 0;"><div><input type="checkbox"/> Schedule A2</div><div><input type="checkbox"/> Schedule B</div><div><input type="checkbox"/> Schedule B(J)</div><div><input type="checkbox"/> Schedule C2</div><div><input type="checkbox"/> Schedule D</div><div><input type="checkbox"/> Schedule F1</div><div><input type="checkbox"/> Schedule F2</div><div><input type="checkbox"/> Schedule F4</div><div><input type="checkbox"/> Schedule G</div><div><input type="checkbox"/> Schedule H</div><div><input type="checkbox"/> Schedule COH-UC</div><div><input type="checkbox"/> Schedule B-SS</div></div>		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between; padding: 5px 0;"><div><input type="checkbox"/> Schedule A2</div><div><input type="checkbox"/> Schedule B</div><div><input type="checkbox"/> Schedule B(J)</div><div><input type="checkbox"/> Schedule C2</div><div><input type="checkbox"/> Schedule D</div><div><input type="checkbox"/> Schedule F1</div><div><input type="checkbox"/> Schedule F2</div><div><input type="checkbox"/> Schedule F4</div><div><input type="checkbox"/> Schedule G</div><div><input type="checkbox"/> Schedule H</div><div><input type="checkbox"/> Schedule COH-UC</div><div><input type="checkbox"/> Schedule B-SS</div></div>		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.
•• Complete only if "Report Type" on page 1 is marked "Final Report" ••

C/OH NAME
Mrs Teri M Castillo

Filer ID (Ethics Commission Filers)

SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

FILER WHO IS NOT AN OFFICEHOLDER

•• Complete A & B below *only* if you are not an officeholder. ••

A. CAMPAIGN FUNDS

Check only one:

- ☐ I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- ☐ I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

- ☐ I do not retain assets purchased with political contributions or interest or other income from political contributions.
- ☐ I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

OFFICEHOLDER

•• Complete this section *only* if you are an officeholder. ••

- ☐ I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest of other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder