

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: 73	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs	FIRST Teri	MI M	OFFICE USE ONLY Date Received 7/18/2023 7:03:03AM	
	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 TX 78207			Date Hand-delivered or Date Postmarked	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (210)	PHONE NUMBER 464-4254	EXTENSION		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Joe	MI	Receipt #	Amount \$
	NICKNAME	LAST Castillo	SUFFIX	Date Processed 7/18/2023 7:03:03AM	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	Month Day Year 1/1/2023		THROUGH	Month Day Year 6/30/2023	
11 ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE		
			<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special Description		
12 OFFICE	OFFICE HELD (if any) Council District 5		13 OFFICE SOUGHT (if known) Council District 5		

GO TO PAGE 2

FORM C/OH
COVER SHEET PG 2

Forms provided by Texas Ethics Commission www.ethics.state.tx.us Revised 01/01/2020

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	\$ 13418.91
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	\$ 23791.62
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 36

2 FILER NAME
Mrs Teri M Castillo

3 Filer ID (Ethics Commission Filers)

4 Date
1/5/2023

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
San Antonio Fire Fighters Association

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**8925 Interstate 10 8925 Frontage Rd
San Antonio, TX 78230**

8 Principal occupation / Job title (See instructions)
Fire Fighters Association

9 Employer (See instructions)
Fire Fighters Association

Date
1/5/2023

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**233 Lotus Av
San Antonio, TX 78210**

Principal occupation / Job title (See instructions)
Self Employed

Employer (See instructions)
Self Employed

Date
1/17/2023

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

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**5333 Diaz Pl
Jacksonville, FL 32210**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

Date
1/17/2023

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

Amount of contribution (\$)
25.00

Contributor address; City; State; Zip Code
**947 W Woodlawn Ave
San Antonio, TX 78201**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

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 36

2 FILER NAME
Mrs Teri M Castillo

3 Filer ID (Ethics Commission Filers)

4 Date
1/20/2023

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Herlinda M Ortega

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**2505 Saunders
San Antonio, TX 78207**

8 Principal occupation / Job title (See instructions)
Retired

9 Employer (See instructions)
Retired

Date
2/6/2023

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

Amount of contribution (\$)
20.00

Contributor address; City; State; Zip Code
**6021 Mike Nesmith St
San Antonio, TX 78238**

Principal occupation / Job title (See instructions)
Teacher

Employer (See instructions)
San Antonio Independent School District

Date
2/7/2023

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

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**122 Jeanette Drive
San Antonio, TX 78216**

Principal occupation / Job title (See instructions)
CEO

Employer (See instructions)
SA2020

Date
2/8/2023

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

Amount of contribution (\$)
25.00

Contributor address; City; State; Zip Code
**5535 netherland ave #4a
Bronx, NY 10471**

Principal occupation / Job title (See instructions)
Director of children and youth ministry

Employer (See instructions)
St. Johns church

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:
3 of 36

2 FILER NAME
Mrs Teri M Castillo

3 Filer ID (Ethics Commission Filers)

4 Date
2/9/2023

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

7 Amount of contribution (\$)
50.00

6 Contributor address; City; State; Zip Code
**818 Mesa Loop
San Antonio, TX 78258**

8 Principal occupation / Job title (See instructions)
Associate Professor

9 Employer (See instructions)
UTSA

Date
2/11/2023

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

Amount of contribution (\$)
25.00

Contributor address; City; State; Zip Code
**4823 Sorrento
San Antonio, TX 78217**

Principal occupation / Job title (See instructions)
Arts Admin

Employer (See instructions)
San Antonio River Foundation

Date
2/11/2023

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

Amount of contribution (\$)
10.00

Contributor address; City; State; Zip Code
**206 Dartmoor
San Antonio, TX 78227**

Principal occupation / Job title (See instructions)
Teacher

Employer (See instructions)
Prek4sa

Date
2/11/2023

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

Amount of contribution (\$)
17.00

Contributor address; City; State; Zip Code
**109 W French Pl #204
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)
Organizer

Employer (See instructions)
Texas freedom network

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:
4 of 36

2 FILER NAME
Mrs Teri M Castillo

3 Filer ID (Ethics Commission Filers)

4 Date
2/11/2023

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

7 Amount of contribution (\$)
1.00

6 Contributor address; City; State; Zip Code
**8711 cinnamon creek dr #816
san antonio, TX 78240**

8 Principal occupation / Job title (See instructions)
Not Employed

9 Employer (See instructions)
Not Employed

Date
2/11/2023

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

Amount of contribution (\$)
5.00

Contributor address; City; State; Zip Code
**2719 w cesar e Chavez #3
San Antonio, TX 78207**

Principal occupation / Job title (See instructions)
Educator

Employer (See instructions)
SAISD

Date
2/11/2023

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

Amount of contribution (\$)
10.00

Contributor address; City; State; Zip Code
**9658 South Foster Rd
San Antonio, TX 78222**

Principal occupation / Job title (See instructions)
Adjuster

Employer (See instructions)
USAA

Date
2/11/2023

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

Amount of contribution (\$)
17.00

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:
5 of 36

2 FILER NAME
Mrs Teri M Castillo

3 Filer ID (Ethics Commission Filers)

4 Date
2/11/2023

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

7 Amount of contribution (\$)
25.00

6 Contributor address; City; State; Zip Code
**501 Shook Ave
San Antonio, TX 78212**

8 Principal occupation / Job title (See instructions)
Chief of Staff

9 Employer (See instructions)
City of San Antonio District 5

Date
2/11/2023

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

Amount of contribution (\$)
25.00

Contributor address; City; State; Zip Code
**615 Naylor Street
San Antonio, TX 78210**

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
TRLA

Date
2/12/2023

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

Amount of contribution (\$)
10.00

Contributor address; City; State; Zip Code
**21114 Santa Lucia
San Antonio, TX 78259**

Principal occupation / Job title (See instructions)
Administrative Assistant

Employer (See instructions)
San Anto Cultural Arts

Date
2/15/2023

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

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**13638 Mason crest Dr
San antonio, TX 78247**

Principal occupation / Job title (See instructions)
Social Work

Employer (See instructions)
Martinez Street Women's Center

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:
6 of 36

2 FILER NAME
Mrs Teri M Castillo

3 Filer ID (Ethics Commission Filers)

4 Date
2/16/2023

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

7 Amount of contribution (\$)
40.00

6 Contributor address; City; State; Zip Code
**4250 S. Arville St. #369
Las Vegas, NV 89103**

8 Principal occupation / Job title (See instructions)
Backend Engineer

9 Employer (See instructions)
MGM Resorts Intl

Date
2/17/2023

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

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**430 Clay St
San Antonio, TX 78204**

Principal occupation / Job title (See instructions)
Librarian

Employer (See instructions)
UTSA

Date
2/17/2023

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
2/23/2023

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**327 east huisache
san antonio, TX 78212**

Principal occupation / Job title (See instructions)
attorney

Employer (See instructions)
sse

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:
7 of 36

2 FILER NAME
Mrs Teri M Castillo

3 Filer ID (Ethics Commission Filers)

4 Date
2/24/2023

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

7 Amount of contribution (\$) **50.00**

6 Contributor address; City; State; Zip Code
**502 Furr Dr
San Antonio, TX 78201**

8 Principal occupation / Job title (See instructions)
Executive Director

9 Employer (See instructions)
Mexican American Civil Rights Institute

Date
2/25/2023

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

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

Contributor address; City; State; Zip Code
**139 Nightingale St.
San Antonio, TX 78226**

Principal occupation / Job title (See instructions)
Not Employed

Employer (See instructions)
Not Employed

Date
2/28/2023

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

Amount of contribution (\$) **20.00**

Contributor address; City; State; Zip Code
**100 N Santa Rosa St #620
San Antonio, TX 78207**

Principal occupation / Job title (See instructions)
Student

Employer (See instructions)
UTSA

Date
3/1/2023

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

Amount of contribution (\$) **50.00**

Contributor address; City; State; Zip Code
**7919 Misty Moon
San Antonio, TX 78250**

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: 8 of 36
2 FILER NAME Mrs Teri M Castillo		3 Filer ID (Ethics Commission Filers)
4 Date 3/1/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Andrew Hubbard 6 Contributor address; City; State; Zip Code 3400 Magic Dr #126 San Antonio, TX 78229	7 Amount of contribution (\$) 5.00
8 Principal occupation / Job title (See instructions) Pawn broker		9 Employer (See instructions) Cash America pawn
Date 3/3/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Richard Oppenheim Contributor address; City; State; Zip Code 1102 Haltown Dr San Antonio, TX 78213	Amount of contribution (\$) 75.00
Principal occupation / Job title (See instructions) musician		Employer (See instructions) self
Date 3/3/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Aaron Mathis Contributor address; City; State; Zip Code 637 W Elmira #3 San Antonio, TX 78212	Amount of contribution (\$) 15.00
Principal occupation / Job title (See instructions) PR/Marketing Specialist		Employer (See instructions) American Income Life
Date 3/3/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sarah Zimmerman Contributor address; City; State; Zip Code 954 Brighton Avenue San Antonio, TX 78211	Amount of contribution (\$) 25.00
Principal occupation / Job title (See instructions) Teacher		Employer (See instructions) SAISD
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 36
2 FILER NAME Mrs Teri M Castillo		3 Filer ID (Ethics Commission Filers)
4 Date 3/3/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Alysia Gist 6 Contributor address; City; State; Zip Code 9907 Powderhouse Dr San Antonio, TX 78239	7 Amount of contribution (\$) 25.00
8 Principal occupation / Job title (See instructions) Band director		9 Employer (See instructions) SAISD
Date 3/3/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) David L Garza Jr Contributor address; City; State; Zip Code 7714 Kennedy Hill Drive #8203 San Antonio, TX 78235	Amount of contribution (\$) 25.00
Principal occupation / Job title (See instructions) Teacher		Employer (See instructions) SAISD
Date 3/3/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mario Bravo Contributor address; City; State; Zip Code 1554 W Mulberry Ave #1 San Antonio TX, TX 78201	Amount of contribution (\$) 250.00
Principal occupation / Job title (See instructions) City Councilman		Employer (See instructions) COSA
Date 3/3/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Stephanie Torres Contributor address; City; State; Zip Code 1706 Delgado Street San Antonio, TX 78207	Amount of contribution (\$) 30.00
Principal occupation / Job title (See instructions) Not Employed		Employer (See instructions) Not Employed
<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 36

2 FILER NAME
Mrs Teri M Castillo

3 Filer ID (Ethics Commission Filers)

4 Date
3/3/2023

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

7 Amount of contribution (\$)
50.00

6 Contributor address; City; State; Zip Code
**215 Carolina St
San Antonio, TX 78210**

8 Principal occupation / Job title (See instructions)
Yoga Instructor

9 Employer (See instructions)
Trufit

Date
3/3/2023

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

Amount of contribution (\$)
40.00

Contributor address; City; State; Zip Code
**501 Shook Ave
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)
Chief of Staff

Employer (See instructions)
City of San Antonio District 5

Date
3/6/2023

Full name of contributor ☐ out-of-state PAC (ID# _____)
San Antonio Alliance Local 67

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**120 Adams St
San Antonio, TX 78210**

Principal occupation / Job title (See instructions)
PAC

Employer (See instructions)
PAC

Date
3/8/2023

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

Amount of contribution (\$)
40.00

Contributor address; City; State; Zip Code
**2301 Buena Vista
San Antonio, TX 78207**

Principal occupation / Job title (See instructions)
Exec Director

Employer (See instructions)
Parenting Plus

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: 11 of 36
2 FILER NAME Mrs Teri M Castillo		3 Filer ID (Ethics Commission Filers)
4 Date 3/9/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Stevan Zivadinovic 6 Contributor address; City; State; Zip Code 414 Vanderbilt St. San Antonio, TX 78210	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See instructions) New media director		9 Employer (See instructions) SAY SÃ-
Date 3/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Amanda Hill Contributor address; City; State; Zip Code 902 Gemblar Road #2305 San Antonio, TX 78219	Amount of contribution (\$) 5.00
Principal occupation / Job title (See instructions) Not Employed		Employer (See instructions) Not Employed
Date 3/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Daniel Derozier Contributor address; City; State; Zip Code 1901 Binz St Houston, TX 77004	Amount of contribution (\$) 17.00
Principal occupation / Job title (See instructions) Digital Director		Employer (See instructions) Sagacity Media Inc.
Date 3/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Robinson Block Contributor address; City; State; Zip Code 4315 Darter St Houston, TX 77009	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) Firefighter		Employer (See instructions) Houston Fire Department
<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:
12 of 36

2 FILER NAME
Mrs Teri M Castillo

3 Filer ID (Ethics Commission Filers)

4 Date
3/12/2023

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

7 Amount of contribution (\$)
40.00

6 Contributor address; City; State; Zip Code
**PO Box 3035
Bellaire, TX 77402**

8 Principal occupation / Job title (See instructions)
Attorney

9 Employer (See instructions)
Self-Employed

Date
3/12/2023

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**3 Woltwood
San Antonio, TX 78248**

Principal occupation / Job title (See instructions)
Real Estate

Employer (See instructions)
Self - VersaTerra

Date
3/12/2023

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

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**310 Kelley Street
Houston, TX 77009**

Principal occupation / Job title (See instructions)
Software Engineer

Employer (See instructions)
Slalom

Date
3/15/2023

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

Amount of contribution (\$)
30.00

Contributor address; City; State; Zip Code
**1130 E Quincy
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Jackson Walker LLP

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 36

2 FILER NAME
Mrs Teri M Castillo

3 Filer ID (Ethics Commission Filers)

4 Date
3/15/2023

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

7 Amount of contribution (\$)
50.00

6 Contributor address; City; State; Zip Code
**13638 Mason crest Dr
San antonio, TX 78247**

8 Principal occupation / Job title (See instructions)
Social Work

9 Employer (See instructions)
Martinez Street Women's Center

Date
3/17/2023

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 Antonio

Date
3/19/2023

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

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**11434 Culebra Rd #1207
San Antonio, TX 78253**

Principal occupation / Job title (See instructions)
Facility engineer

Employer (See instructions)
Usaa

Date
3/23/2023

Full name of contributor ☒ out-of-state PAC (ID# **C00004861**)
Unite Here Tip Campaign Committee

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**275 7th Avenue, 16th Floor
New York, NY 10001**

Principal occupation / Job title (See instructions)
PAC

Employer (See instructions)
PAC

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 36

2 FILER NAME
Mrs Teri M Castillo

3 Filer ID (Ethics Commission Filers)

4 Date
3/27/2023

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

7 Amount of contribution (\$)
25.00

6 Contributor address; City; State; Zip Code
**116 Castillo Ave
San Antonio, TX 78210**

8 Principal occupation / Job title (See instructions)
Health Analyst

9 Employer (See instructions)
US Army

Date
3/27/2023

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

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**624 W Magnolia Ave
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)
Teacher

Employer (See instructions)
SAISD

Date
3/27/2023

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

Amount of contribution (\$)
10.00

Contributor address; City; State; Zip Code
**2126 W Summit Ave
San Antonio, TX 78201**

Principal occupation / Job title (See instructions)
Software Engineer

Employer (See instructions)
H-E-B

Date
3/27/2023

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

Amount of contribution (\$)
5.00

Contributor address; City; State; Zip Code
**3400 Magic Dr #126
San Antonio, TX 78229**

Principal occupation / Job title (See instructions)
Pawn broker

Employer (See instructions)
Cash America pawn

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:
15 of 36

2 FILER NAME
Mrs Teri M Castillo

3 Filer ID (Ethics Commission Filers)

4 Date
3/27/2023

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

7 Amount of contribution (\$) **20.00**

6 Contributor address; City; State; Zip Code
**1807 Perez Street
Austin, TX 78721**

8 Principal occupation / Job title (See instructions)
Call Center

9 Employer (See instructions)
Travis County

Date
3/28/2023

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

Amount of contribution (\$) **40.00**

Contributor address; City; State; Zip Code
**229 W Rosewood Ave
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Casillas Law Firm PLLC

Date
3/28/2023

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

Amount of contribution (\$) **7.50**

Contributor address; City; State; Zip Code
**211 Hunstock Avenue
San Antonio, TX 78210**

Principal occupation / Job title (See instructions)
Not Employed

Employer (See instructions)
Not Employed

Date
3/29/2023

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

Amount of contribution (\$) **50.00**

Contributor address; City; State; Zip Code
**405 Stieren Street
San Antonio, TX 78210**

Principal occupation / Job title (See instructions)
Representative

Employer (See instructions)
Central South Carpenters Regional Council

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:
16 of 36

2 FILER NAME
Mrs Teri M Castillo

3 Filer ID (Ethics Commission Filers)

4 Date
3/30/2023

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

7 Amount of contribution (\$)
100.00

6 Contributor address; City; State; Zip Code
**139 NIGHTINGALE DR
SAN ANTONIO, TX 78226-1731**

8 Principal occupation / Job title (See instructions)
Not Employed

9 Employer (See instructions)
Not Employed

Date
3/30/2023

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

Amount of contribution (\$)
200.00

Contributor address; City; State; Zip Code
**343 langford place
San antonio, TX 78221**

Principal occupation / Job title (See instructions)
Aide

Employer (See instructions)
Cosa

Date
3/31/2023

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

Amount of contribution (\$)
20.00

Contributor address; City; State; Zip Code
**100 N Santa Rosa St #620
San Antonio, TX 78207**

Principal occupation / Job title (See instructions)
Student

Employer (See instructions)
UTSA

Date
3/31/2023

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

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**122 Jeanette Drive
San Antonio, TX 78216**

Principal occupation / Job title (See instructions)
CEO

Employer (See instructions)
SA2020

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: 17 of 36
2 FILER NAME Mrs Teri M Castillo		3 Filer ID (Ethics Commission Filers)
4 Date 3/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Robert Gonzales 6 Contributor address; City; State; Zip Code 4306 Redcap San Antonio, TX 78222	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See instructions) Cabdrivers/Co manager		9 Employer (See instructions) National Cab
Date 3/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kayla Miranda Contributor address; City; State; Zip Code 1013 S San Jacinto St San Antonio, TX 78207	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Housing Justice Organizer		Employer (See instructions) Self
Date 4/2/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Leticia Sanchez Contributor address; City; State; Zip Code 2718 Monterey San Antonio, TX 78207	Amount of contribution (\$) 250.00
Principal occupation / Job title (See instructions) Not Employed		Employer (See instructions) Not Employed
Date 4/3/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Katy Bravenec Contributor address; City; State; Zip Code 501 Shook Ave San Antonio, TX 78212	Amount of contribution (\$) 40.00
Principal occupation / Job title (See instructions) Chief of Staff		Employer (See instructions) City of San Antonio District 5
<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: 18 of 36
2 FILER NAME Mrs Teri M Castillo		3 Filer ID (Ethics Commission Filers)
4 Date 4/3/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Vickie Amaya 6 Contributor address; City; State; Zip Code 421 South General McMullen Drive San Antonio, TX 78237	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See instructions) Self Employed		9 Employer (See instructions) Sawillos Corp
Date 4/5/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sandy Rodgers Contributor address; City; State; Zip Code 1351 E 8th st Beaumont, CA 92223	Amount of contribution (\$) 2.27
Principal occupation / Job title (See instructions) Not Employed		Employer (See instructions) Not Employed
Date 4/5/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Daniel McCarter Contributor address; City; State; Zip Code 560 Little Lake Dr #30 Ann Arbor, MI 48103	Amount of contribution (\$) 4.55
Principal occupation / Job title (See instructions) Software Engineer		Employer (See instructions) RIIS LLC
Date 4/5/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gina Cramer Contributor address; City; State; Zip Code 2234 Fresno San Antonio, TX 78201	Amount of contribution (\$) 10.00
Principal occupation / Job title (See instructions) Data analyst		Employer (See instructions) META
<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:
19 of 36

2 FILER NAME
Mrs Teri M Castillo

3 Filer ID (Ethics Commission Filers)

4 Date
4/6/2023

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

7 Amount of contribution (\$)
1.14

6 Contributor address; City; State; Zip Code
**1841 West 50th Street
CLEVELAND, OH 44102**

8 Principal occupation / Job title (See instructions)
Director

9 Employer (See instructions)
Cleveland Innovation Project

Date
4/7/2023

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

Amount of contribution (\$)
1.59

Contributor address; City; State; Zip Code
**PO Box 307
Hancock, NH 03449**

Principal occupation / Job title (See instructions)
Not Employed

Employer (See instructions)
Not Employed

Date
4/7/2023

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

Amount of contribution (\$)
1.14

Contributor address; City; State; Zip Code
**166 Columbia Hts
Brooklyn, NY 11201**

Principal occupation / Job title (See instructions)
retired

Employer (See instructions)
self

Date
4/9/2023

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

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**139 Nightingale
San Antonio, TX 78226**

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:
20 of 36

2 FILER NAME
Mrs Teri M Castillo

3 Filer ID (Ethics Commission Filers)

4 Date
4/11/2023

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

7 Amount of contribution (\$)
17.00

6 Contributor address; City; State; Zip Code
**1901 Binz St #3
Houston, TX 77004**

8 Principal occupation / Job title (See instructions)
Digital Director

9 Employer (See instructions)
Sagacity Media Inc.

Date
4/12/2023

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

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**1 Venturers Field Rd
Northampton, MA 01060**

Principal occupation / Job title (See instructions)
Not Employed

Employer (See instructions)
Not Employed

Date
4/13/2023

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

Amount of contribution (\$)
1.14

Contributor address; City; State; Zip Code
**1950 sw 75th ave
plantation, FL 33317**

Principal occupation / Job title (See instructions)
Not Employed

Employer (See instructions)
Not Employed

Date
4/13/2023

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

Amount of contribution (\$)
1.00

Contributor address; City; State; Zip Code
**10154 south seeley avenue
chicago, IL 60643**

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:
21 of 36

2 FILER NAME
Mrs Teri M Castillo

3 Filer ID (Ethics Commission Filers)

4 Date
4/13/2023

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

7 Amount of contribution (\$)
1.14

6 Contributor address; City; State; Zip Code
**44 Cherry St.
Brattleboro, VT 05301**

8 Principal occupation / Job title (See instructions)
Not Employed

9 Employer (See instructions)
Not Employed

Date
4/13/2023

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

Amount of contribution (\$)
1.14

Contributor address; City; State; Zip Code
**1030 South Gay St.
Auburn, AL 36830**

Principal occupation / Job title (See instructions)
teacher

Employer (See instructions)
self

Date
4/14/2023

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

Amount of contribution (\$)
25.00

Contributor address; City; State; Zip Code
**1938 W Magnolia Ave
San Antonio, TX 78201**

Principal occupation / Job title (See instructions)
Advocacy Director

Employer (See instructions)
MOVE Texas

Date
4/14/2023

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

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**303 Cass Ave
Sam Antonio, TX 78204**

Principal occupation / Job title (See instructions)
Pole handler

Employer (See instructions)
Cps energy

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:
22 of 36

2 FILER NAME
Mrs Teri M Castillo

3 Filer ID (Ethics Commission Filers)

4 Date
4/14/2023

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

7 Amount of contribution (\$)
17.00

6 Contributor address; City; State; Zip Code
**2752 Hollandale Lane
Farmers Branch, TX 75235**

8 Principal occupation / Job title (See instructions)
Sales

9 Employer (See instructions)
Pts

Date
4/14/2023

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

Amount of contribution (\$)
25.00

Contributor address; City; State; Zip Code
**538 W Highland Blvd
San Antonio, TX 78210**

Principal occupation / Job title (See instructions)
Union Organizer

Employer (See instructions)
San Antonio Alliance

Date
4/14/2023

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

Amount of contribution (\$)
17.00

Contributor address; City; State; Zip Code
**5606 Castle Knight Dr
San Antonio, TX 78218-2310**

Principal occupation / Job title (See instructions)
Policy

Employer (See instructions)
City

Date
4/14/2023

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

Amount of contribution (\$)
25.00

Contributor address; City; State; Zip Code
**954 Brighton Avenue
San Antonio, TX 78211**

Principal occupation / Job title (See instructions)
Teacher

Employer (See instructions)
SAISD

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:
23 of 36

2 FILER NAME
Mrs Teri M Castillo

3 Filer ID (Ethics Commission Filers)

4 Date
4/15/2023

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

7 Amount of contribution (\$)
100.00

6 Contributor address; City; State; Zip Code
**139 NIGHTINGALE DR
SAN ANTONIO, TX 78226-1731**

8 Principal occupation / Job title (See instructions)
Not Employed

9 Employer (See instructions)
Not Employed

Date
4/17/2023

Full name of contributor ☒ out-of-state PAC (ID# **C00002089**)
CWA

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**501 3rd St
Washington, DC 20001**

Principal occupation / Job title (See instructions)
PAC

Employer (See instructions)
PAC

Date
4/19/2023

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

Amount of contribution (\$)
17.00

Contributor address; City; State; Zip Code
**4250 S. Arville St. #369
Las Vegas, NV 89103**

Principal occupation / Job title (See instructions)
Backend Engineer

Employer (See instructions)
MGM Resorts Intl

Date
4/20/2023

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**325 Upper Toyon Dr
Ross, CA 94957**

Principal occupation / Job title (See instructions)
co-founder

Employer (See instructions)
Preston-Werner Ventures

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:
24 of 36

2 FILER NAME
Mrs Teri M Castillo

3 Filer ID (Ethics Commission Filers)

4 Date
4/22/2023

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

7 Amount of contribution (\$)
12.00

6 Contributor address; City; State; Zip Code
**2210 Cherokee Cir
Valparaiso, IN 46383-2284**

8 Principal occupation / Job title (See instructions)
Team Member

9 Employer (See instructions)
VCAL Donuts

Date
4/22/2023

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

Amount of contribution (\$)
5.00

Contributor address; City; State; Zip Code
**3155 Mountain View Drive
Laguna Beach, CA 92651**

Principal occupation / Job title (See instructions)
Not Employed

Employer (See instructions)
Not Employed

Date
4/22/2023

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

Amount of contribution (\$)
9.00

Contributor address; City; State; Zip Code
**4716 greenpoint ave apt
Queens, NY 11104**

Principal occupation / Job title (See instructions)
Sales

Employer (See instructions)
Consensys

Date
4/24/2023

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

Amount of contribution (\$)
1.19

Contributor address; City; State; Zip Code
**2217 Stone Post Rd
Manhattan, KS 66502**

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:
25 of 36

2 FILER NAME
Mrs Teri M Castillo

3 Filer ID (Ethics Commission Filers)

4 Date
4/24/2023

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

7 Amount of contribution (\$)
1.19

6 Contributor address; City; State; Zip Code
**400 N 53rd Ave W
Duluth, MN 55425**

8 Principal occupation / Job title (See instructions)
Janitor

9 Employer (See instructions)
DCC

Date
4/24/2023

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**325 Upper Toyon Dr
Ross, CA 94957**

Principal occupation / Job title (See instructions)
co-founder

Employer (See instructions)
Preston-Werner Ventures

Date
4/24/2023

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

Amount of contribution (\$)
2.38

Contributor address; City; State; Zip Code
**PO Box 307
Hancock, NH 03449**

Principal occupation / Job title (See instructions)
Not Employed

Employer (See instructions)
Not Employed

Date
4/25/2023

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

Amount of contribution (\$)
1.19

Contributor address; City; State; Zip Code
**601 Nelray Blvd
Austin, TX 78751**

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

Employer (See instructions)
University of Texas at Austin

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:
26 of 36

2 FILER NAME
Mrs Teri M Castillo

3 Filer ID (Ethics Commission Filers)

4 Date
4/25/2023

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

7 Amount of contribution (\$)
7.00

6 Contributor address; City; State; Zip Code
**139 Emerson Pl. #107
Brooklyn, NY 11205**

8 Principal occupation / Job title (See instructions)
Lawyer

9 Employer (See instructions)
National Labor Relations Board (U.S. Government)

Date
4/25/2023

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

Amount of contribution (\$)
75.00

Contributor address; City; State; Zip Code
**501 Shook Ave
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)
Chief of Staff

Employer (See instructions)
City of San Antonio District 5

Date
4/26/2023

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

Amount of contribution (\$)
1.00

Contributor address; City; State; Zip Code
**2210 Cherokee Cir
Valparaiso, IN 46383-2284**

Principal occupation / Job title (See instructions)
Team Member

Employer (See instructions)
VCAL Donuts

Date
4/26/2023

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

Amount of contribution (\$)
12.00

Contributor address; City; State; Zip Code
**650 Palisade Ave
Yonkers, NY 10703**

Principal occupation / Job title (See instructions)
Quality Assurance Engineer

Employer (See instructions)
New Visions for Public Schools

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: 27 of 36
2 FILER NAME Mrs Teri M Castillo		3 Filer ID (Ethics Commission Filers)
4 Date 4/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Laurance Macon 6 Contributor address; City; State; Zip Code PO Box 120250 San Antonio, TX 78212	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See instructions) Self Employed		9 Employer (See instructions) Self Employed
Date 4/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jane Macon Contributor address; City; State; Zip Code 300 Convent St San Antonio, TX 78205	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Self Employed		Employer (See instructions) Self Employed
Date 4/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gilbert Salazar Contributor address; City; State; Zip Code 707 San Jacinto San Antonio, TX 78207	Amount of contribution (\$) 300.00
Principal occupation / Job title (See instructions) Self Employed		Employer (See instructions) DBA Utilities
Date 4/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Geoffrey Shaw Contributor address; City; State; Zip Code 11315 Massive Mt Helotes, TX 78023	Amount of contribution (\$) 250.00
Principal occupation / Job title (See instructions) Self Employed		Employer (See instructions) Self Employed
<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:
28 of 36

2 FILER NAME
Mrs Teri M Castillo

3 Filer ID (Ethics Commission Filers)

4 Date
4/27/2023

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

7 Amount of contribution (\$)
50.00

6 Contributor address; City; State; Zip Code
**1525 South Lambert St.
Philadelphia, PA 19146**

8 Principal occupation / Job title (See instructions)
Organizer

9 Employer (See instructions)
Jobs with Justice

Date
4/27/2023

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

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**9210 Orbital Tudge
San Antonio, TX 78252**

Principal occupation / Job title (See instructions)
Executive director

Employer (See instructions)
Our Casas resident council

Date
4/27/2023

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

Amount of contribution (\$)
5.00

Contributor address; City; State; Zip Code
**3400 Magic Dr #126
San Antonio, TX 78229**

Principal occupation / Job title (See instructions)
Pawn broker

Employer (See instructions)
Cash America pawn

Date
4/28/2023

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

Amount of contribution (\$)
4.00

Contributor address; City; State; Zip Code
**627 Harvard Street NW
Washington, DC 20001**

Principal occupation / Job title (See instructions)
Fundraiser

Employer (See instructions)
Center for American Progress

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: 29 of 36
2 FILER NAME Mrs Teri M Castillo		3 Filer ID (Ethics Commission Filers)
4 Date 4/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kelly Gonzalez 6 Contributor address; City; State; Zip Code 143 Westknoll San Antonio, TX 78227	7 Amount of contribution (\$) 25.00
8 Principal occupation / Job title (See instructions) Not Employed		9 Employer (See instructions) Not Employed
Date 5/1/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Greg Pena Contributor address; City; State; Zip Code 514 W. Commerce #N6 San Antonio TX, TX 78207	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) Manager		Employer (See instructions) Naturaleza Celestial
Date 5/2/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Yadira Villasenor Contributor address; City; State; Zip Code 139 nightingale San antonio, TX 78226	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) Not Employed		Employer (See instructions) Not Employed
Date 5/2/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jaime C Herrejon Contributor address; City; State; Zip Code 514 W Commerce St Atascosa, TX 78002	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) Owner		Employer (See instructions) Little Mexico Imports
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:
30 of 36

2 FILER NAME
Mrs Teri M Castillo

3 Filer ID (Ethics Commission Filers)

4 Date
5/2/2023

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
C R Riddiough

7 Amount of contribution (\$)
4.00

6 Contributor address; City; State; Zip Code
**5123 5th St NW
Washington, DC 20011**

8 Principal occupation / Job title (See instructions)
Technical Trainer

9 Employer (See instructions)
SAS

Date
5/2/2023

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

Amount of contribution (\$)
18.18

Contributor address; City; State; Zip Code
**315 St. Johns Pl. #6D
Brooklyn, NY 11238**

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Appellate Advocates

Date
5/2/2023

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

Amount of contribution (\$)
4.09

Contributor address; City; State; Zip Code
**575 County Road #507
Nacogdoches, TX 75961**

Principal occupation / Job title (See instructions)
Not Employed

Employer (See instructions)
Not Employed

Date
5/2/2023

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

Amount of contribution (\$)
2.73

Contributor address; City; State; Zip Code
**10460 Queens Blvd #3G
Forest Hills, NY 11375**

Principal occupation / Job title (See instructions)
Chaplain

Employer (See instructions)
NewYork-Presbyterian Hospital

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: 31 of 36
2 FILER NAME Mrs Teri M Castillo		3 Filer ID (Ethics Commission Filers)
4 Date 5/2/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) David Moore 6 Contributor address; City; State; Zip Code 10926 SPRUCE DR N Laporte Tx, TX 77571	7 Amount of contribution (\$) 1.82
8 Principal occupation / Job title (See instructions) Police Sgt		9 Employer (See instructions) Houston Community College Police
Date 5/2/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) William Laviolette Contributor address; City; State; Zip Code 61 Chantilly Ave North Adams, MA 01247	Amount of contribution (\$) 3.00
Principal occupation / Job title (See instructions) Not Employed		Employer (See instructions) Not Employed
Date 5/2/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Albert Kenneke Contributor address; City; State; Zip Code 3031 Borge St #210 Oakton, VA 22124-2805	Amount of contribution (\$) 10.00
Principal occupation / Job title (See instructions) Not Employed		Employer (See instructions) Not Employed
Date 5/2/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kaleigh Grinage Contributor address; City; State; Zip Code 230 w 20th st long beach, CA 90806	Amount of contribution (\$) 1.00
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:
32 of 36

2 FILER NAME
Mrs Teri M Castillo

3 Filer ID (Ethics Commission Filers)

4 Date
5/2/2023

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

7 Amount of contribution (\$)
2.73

6 Contributor address; City; State; Zip Code
**190 Tunstead Ave #9
San Anselmo, CA 94960**

8 Principal occupation / Job title (See instructions)
Organizer

9 Employer (See instructions)
Politics Rewired

Date
5/2/2023

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

Amount of contribution (\$)
1.01

Contributor address; City; State; Zip Code
**1601 Penn Ave #903
Pittsburgh, PA 15221**

Principal occupation / Job title (See instructions)
Senior Project Manager

Employer (See instructions)
Young People in Recovery

Date
5/2/2023

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

Amount of contribution (\$)
1.37

Contributor address; City; State; Zip Code
**9120 Collington Sq
Allison Park, PA 15101**

Principal occupation / Job title (See instructions)
Employee Relations Specialist

Employer (See instructions)
Apex Systems

Date
5/2/2023

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

Amount of contribution (\$)
4.54

Contributor address; City; State; Zip Code
**700 South Lake Ave. #309
Pasadena, CA 91106**

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: 33 of 36
2 FILER NAME Mrs Teri M Castillo		3 Filer ID (Ethics Commission Filers)
4 Date 5/2/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) John Magisano 6 Contributor address; City; State; Zip Code 247 Stratford Road Brooklyn, NY 11218	7 Amount of contribution (\$) 1.36
8 Principal occupation / Job title (See instructions) Trainer		9 Employer (See instructions) NYC Dept. of Information Tech.
Date 5/2/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nikhil Shimpi Contributor address; City; State; Zip Code 139 Emerson Pl. #107 Brooklyn, NY 11205	Amount of contribution (\$) 10.00
Principal occupation / Job title (See instructions) Lawyer		Employer (See instructions) National Labor Relations Board (U.S. Government)
Date 5/2/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Diana De Leon Contributor address; City; State; Zip Code 538 W Highland Blvd San Antonio, TX 78210	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) Labor Organizer		Employer (See instructions) San Antonio Alliance
Date 5/2/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Carlos Herrejon Contributor address; City; State; Zip Code 361 Saratoga Drive San Antonio, TX 78213	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) Retail business		Employer (See instructions) Owner

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: 34 of 36
2 FILER NAME Mrs Teri M Castillo		3 Filer ID (Ethics Commission Filers)
4 Date 5/7/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Charles McVay 6 Contributor address; City; State; Zip Code 606 Dorchester Ave #2 Boston, MA 02127	7 Amount of contribution (\$) 8.18
8 Principal occupation / Job title (See instructions) Actuary		9 Employer (See instructions) John Hancock Financial Services
Date 5/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Andi Rodriguez Contributor address; City; State; Zip Code 222 E Houston St San Antonio, TX 78205	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) Cultural Placemaking		Employer (See instructions) Centro
Date 5/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jeremy Vargas Contributor address; City; State; Zip Code 650 Palisade Ave Yonkers, NY 10703	Amount of contribution (\$) 13.34
Principal occupation / Job title (See instructions) Jr Quality Assurance Engineer		Employer (See instructions) New Visions for Public Schools
Date 5/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Daniel Derozier Contributor address; City; State; Zip Code 1901 Binz St #3 Houston, TX 77004	Amount of contribution (\$) 17.00
Principal occupation / Job title (See instructions) Digital Director		Employer (See instructions) Sagacity Media Inc.
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:
35 of 36

2 FILER NAME
Mrs Teri M Castillo

3 Filer ID (Ethics Commission Filers)

4 Date
5/15/2023

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
TrePac / Texas Association of Realtors

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**PO Box 2246
Austin, TX 78768-2246**

8 Principal occupation / Job title (See instructions)
PAC

9 Employer (See instructions)
PAC

Date
5/15/2023

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**1019 Kirk St
San Antonio, TN 78237**

Principal occupation / Job title (See instructions)
Self Employed

Employer (See instructions)
Self Employed

Date
5/15/2023

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

Amount of contribution (\$)
200.00

Contributor address; City; State; Zip Code
**PO Box 12814
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)
PAC

Employer (See instructions)
PAC

Date
5/17/2023

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

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:
36 of 36

2 FILER NAME
Mrs Teri M Castillo

3 Filer ID (Ethics Commission Filers)

4 Date
6/3/2023

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

7 Amount of contribution (\$)
40.00

6 Contributor address; City; State; Zip Code
**501 Shook Ave
San Antonio, TX 78212**

8 Principal occupation / Job title (See instructions)
Chief of Staff

9 Employer (See instructions)
City of San Antonio District 5

Date
6/11/2023

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

Amount of contribution (\$)
17.00

Contributor address; City; State; Zip Code
**1901 Binz St #3
Houston, TX 77004**

Principal occupation / Job title (See instructions)
Digital Director

Employer (See instructions)
Sagacity Media Inc.

Date
6/17/2023

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

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)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 22		2 FILER NAME Mrs Teri M Castillo		3 Filer ID (Ethics Commission Filers)																																	
4 Date 1/6/2023		5 Payee name MailChimp																																			
6 Amount (\$) 76.75		7 Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE Atlanta, GA 30308																																			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense		(b) Description Advertising																																		
	(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																																					
<table border="0" style="width:100%"> <tr> <td style="width:50%">Candidate / Officeholder name</td> <td style="width:25%">Office sought</td> <td style="width:25%">Office held</td> </tr> </table>						Candidate / Officeholder name	Office sought	Office held																													
Candidate / Officeholder name	Office sought	Office held																																			
<table border="1" style="width:100%"> <tr> <td style="width:20%">Date 1/10/2023</td> <td colspan="5">Payee name VANTIV eCommerce</td> </tr> <tr> <td>Amount (\$) 85.97</td> <td colspan="5">Payee address; City; State; Zip Code 900 Chelmsford St Lowell, MA 01851</td> </tr> <tr> <td rowspan="2">PURPOSE OF EXPENDITURE</td> <td colspan="2">Category (See categories listed at the top of this schedule) Fees</td> <td colspan="3">Description Fees</td> </tr> <tr> <td colspan="5"> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense </td> </tr> <tr> <td colspan="6"> <table border="0" style="width:100%"> <tr> <td style="width:50%">Candidate / Officeholder name</td> <td style="width:25%">Office sought</td> <td style="width:25%">Office held</td> </tr> </table> </td> </tr> </table>						Date 1/10/2023	Payee name VANTIV eCommerce					Amount (\$) 85.97	Payee address; City; State; Zip Code 900 Chelmsford St Lowell, MA 01851					PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees		Description Fees			<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense					<table border="0" style="width:100%"> <tr> <td style="width:50%">Candidate / Officeholder name</td> <td style="width:25%">Office sought</td> <td style="width:25%">Office held</td> </tr> </table>						Candidate / Officeholder name	Office sought	Office held
Date 1/10/2023	Payee name VANTIV eCommerce																																				
Amount (\$) 85.97	Payee address; City; State; Zip Code 900 Chelmsford St Lowell, MA 01851																																				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees		Description Fees																																		
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense																																				
<table border="0" style="width:100%"> <tr> <td style="width:50%">Candidate / Officeholder name</td> <td style="width:25%">Office sought</td> <td style="width:25%">Office held</td> </tr> </table>						Candidate / Officeholder name	Office sought	Office held																													
Candidate / Officeholder name	Office sought	Office held																																			
<table border="1" style="width:100%"> <tr> <td style="width:20%">Date 1/13/2023</td> <td colspan="5">Payee name ActBlue</td> </tr> <tr> <td>Amount (\$) 59.15</td> <td colspan="5">Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144</td> </tr> <tr> <td rowspan="2">PURPOSE OF EXPENDITURE</td> <td colspan="2">Category (See categories listed at the top of this schedule) Fees</td> <td colspan="3">Description Fees</td> </tr> <tr> <td colspan="5"> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense </td> </tr> <tr> <td colspan="6"> <table border="0" style="width:100%"> <tr> <td style="width:50%">Candidate / Officeholder name</td> <td style="width:25%">Office sought</td> <td style="width:25%">Office held</td> </tr> </table> </td> </tr> </table>						Date 1/13/2023	Payee name ActBlue					Amount (\$) 59.15	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 Fees			<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense					<table border="0" style="width:100%"> <tr> <td style="width:50%">Candidate / Officeholder name</td> <td style="width:25%">Office sought</td> <td style="width:25%">Office held</td> </tr> </table>						Candidate / Officeholder name	Office sought	Office held
Date 1/13/2023	Payee name ActBlue																																				
Amount (\$) 59.15	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 Fees																																		
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense																																				
<table border="0" style="width:100%"> <tr> <td style="width:50%">Candidate / Officeholder name</td> <td style="width:25%">Office sought</td> <td style="width:25%">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

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 22	2 FILER NAME Mrs Teri M Castillo		3 Filer ID (Ethics Commission Filers)
4 Date 1/17/2023	5 Payee name PRESTIGE PRINTING, LLC		
6 Amount (\$) 1472.20	7 Payee address; City; State; Zip Code 8 Burwood Ln San Antonio, TX 78216		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Printing Expense		(b) Description Printing
	(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 1/17/2023	Payee name TEXAS DEMOCRATIC PARTY		
Amount (\$) 740.00	Payee address; City; State; Zip Code PO Box 15707 Austin, TX 78761		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: VAN		Description Voter Outreach
	<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 1/17/2023	Payee name The City of San Antonio		
Amount (\$) 100.00	Payee address; City; State; Zip Code 100 Military Plaza San Antonio, TX 78205		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees		Description Filing 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 22	2 FILER NAME Mrs Teri M Castillo		3 Filer ID (Ethics Commission Filers)
4 Date 2/3/2023	5 Payee name ActBlue		
6 Amount (\$) 12.18	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 Fees
	(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 2/6/2023	Payee name Jaimes Place		
Amount (\$) 76.75	Payee address; City; State; Zip Code 1514 W Commerce St San Antonio, TX 78207		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expense		Description Food
	<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 2/6/2023	Payee name MailChimp		
Amount (\$) 76.75	Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE Atlanta, GA 30308		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees		Description Fees
	<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 22	2 FILER NAME Mrs Teri M Castillo	3 Filer ID (Ethics Commission Filers)
4 Date 2/10/2023	5 Payee name PNC Bank	
6 Amount (\$) 4.50	7 Payee address; City; State; Zip Code 11 S Zarzamora St San Antonio, TX 78207	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description Fees
	(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 2/13/2023	Payee name Denise Castillo		
Amount (\$) 270.00	Payee address; City; State; Zip Code 114 Villa Arboles San Antonio, TX 78228		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense	Description Consulting	
	<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 2/13/2023	Payee name Denise Castillo		
Amount (\$) 270.00	Payee address; City; State; Zip Code 114 Villa Arboles San Antonio, TX 78228		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense	Description Consulting	
	<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: 5 of 22	2 FILER NAME Mrs Teri M Castillo		3 Filer ID (Ethics Commission Filers)
4 Date 2/13/2023	5 Payee name SA Flavor, LLC		
6 Amount (\$) 1014.84	7 Payee address; City; State; Zip Code PO Box 76 Helotes, TX 78023		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Printing Expense		(b) Description Printing
	(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 2/13/2023	Payee name Hamza Sait		
Amount (\$) 330.00	Payee address; City; State; Zip Code 5039 Hamilton Wolfe Rd San Antoino, TX 78229		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense		Description Consulting
	<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 2/17/2023	Payee name 3D Signs		
Amount (\$) 2435.63	Payee address; City; State; Zip Code 8015 W 2nd St Somerset, TX 78069		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense		Description Printing
	<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: 6 of 22	2 FILER NAME Mrs Teri M Castillo	3 Filer ID (Ethics Commission Filers)
4 Date 2/23/2023	5 Payee name PNC Bank	
6 Amount (\$) 65.84	7 Payee address; City; State; Zip Code 11 S Zarzamora St San Antonio, TX 78207	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description Fees
	(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 2/27/2023	Payee name Mi Tierra		
Amount (\$) 393.17	Payee address; City; State; Zip Code 218 Produce Row San Antonio, TX 78207		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description Fundraiser	
	<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 2/27/2023	Payee name Denise Castillo		
Amount (\$) 300.00	Payee address; City; State; Zip Code 114 Villa Arboles San Antonio, TX 78228		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense	Description Consulting	
	<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: 7 of 22	2 FILER NAME Mrs Teri M Castillo		3 Filer ID (Ethics Commission Filers)
4 Date 3/3/2023	5 Payee name ActBlue		
6 Amount (\$) 39.00	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 Fees
	(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 3/6/2023	Payee name MailChimp		
Amount (\$) 76.75	Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE Atlanta, GA 30308		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees		Description Fees
	<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 3/7/2023	Payee name Hamza Sait		
Amount (\$) 400.00	Payee address; City; State; Zip Code 5039 Hamilton Wolfe Rd San Antoino, TX 78229		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense		Description Consulting
	<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: 8 of 22	2 FILER NAME Mrs Teri M Castillo	3 Filer ID (Ethics Commission Filers)
4 Date 3/9/2023	5 Payee name VANTIV eCommerce	
6 Amount (\$) 73.62	7 Payee address; City; State; Zip Code 900 Chelmsford St Lowell, MA 01851	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description Fees
	(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 3/13/2023	Payee name Hamza Sait		
Amount (\$) 300.00	Payee address; City; State; Zip Code 5039 Hamilton Wolfe Rd San Antoino, TX 78229		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense	Description Consulting	
	<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 3/16/2023	Payee name PRESTIGE PRINTING, LLC		
Amount (\$) 1472.20	Payee address; City; State; Zip Code 8 Burwood Ln San Antonio, TX 78216		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description Printing	
	<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: 9 of 22	2 FILER NAME Mrs Teri M Castillo		3 Filer ID (Ethics Commission Filers)
4 Date 3/23/2023	5 Payee name USPS		
6 Amount (\$) 226.00	7 Payee address; City; State; Zip Code 1140 S Laredo St San Antonio, TX 78207		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description PO Box
	(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 3/27/2023	Payee name Denise Castillo		
Amount (\$) 270.00	Payee address; City; State; Zip Code 114 Villa Arboles San Antonio, TX 78228		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense		Description Consulting
	<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 3/27/2023	Payee name Hamza Sait		
Amount (\$) 360.00	Payee address; City; State; Zip Code 5039 Hamilton Wolfe Rd San Antoino, TX 78229		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense		Description Consulting
	<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: 10 of 22	2 FILER NAME Mrs Teri M Castillo		3 Filer ID (Ethics Commission Filers)
4 Date 4/3/2023	5 Payee name Alamo Mailing Company		
6 Amount (\$) 1349.10	7 Payee address; City; State; Zip Code 13114 Lookout Run San Antonio, TX 78233		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Printing Expense		(b) Description Printing
	(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 4/5/2023	Payee name ActBlue		
Amount (\$) 45.14	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 Fees
	<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 4/6/2023	Payee name MailChimp		
Amount (\$) 76.75	Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE Atlanta, GA 30308		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees		Description Fees
	<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: 11 of 22	2 FILER NAME Mrs Teri M Castillo	3 Filer ID (Ethics Commission Filers)
4 Date 4/10/2023	5 Payee name TOSKR, INC DBA Getthru	
6 Amount (\$) 8.32	7 Payee address; City; State; Zip Code 1330 Broadway Floor 3 Oakland, CA 94612	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description Fees
	(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 4/10/2023	Payee name Denise Castillo		
Amount (\$) 270.00	Payee address; City; State; Zip Code 114 Villa Arboles San Antonio, TX 78228		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense	Description Consulting	
	<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 4/11/2023	Payee name VANTIV eCommerce		
Amount (\$) 55.68	Payee address; City; State; Zip Code 900 Chelmsford St Lowell, MA 01851		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description Fees	
	<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: 12 of 22	2 FILER NAME Mrs Teri M Castillo		3 Filer ID (Ethics Commission Filers)
4 Date 4/17/2023	5 Payee name Kathryn Bravenec		
6 Amount (\$) 97.45	7 Payee address; City; State; Zip Code 501 Shook Ave San Antonio, TX 78212		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Food
	(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 4/18/2023	Payee name SELF BRANDED SA		
Amount (\$) 378.00	Payee address; City; State; Zip Code 3212 Northwestern San Antonio, TX 78238		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense		Description Printing
	<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 4/18/2023	Payee name PRESTIGE PRINTING, LLC		
Amount (\$) 606.20	Payee address; City; State; Zip Code 8 Burwood Ln San Antonio, TX 78216		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense		Description Printing
	<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: 13 of 22	2 FILER NAME Mrs Teri M Castillo	3 Filer ID (Ethics Commission Filers)
4 Date 4/24/2023	5 Payee name Hamza Sait	
6 Amount (\$) 300.00	7 Payee address; City; State; Zip Code 5039 Hamilton Wolfe Rd San Antoino, TX 78229	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting Expense	(b) Description Consulting
	(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 4/25/2023	Payee name PRESTIGE PRINTING, LLC	
Amount (\$) 410.27	Payee address; City; State; Zip Code 8 Burwood Ln San Antonio, TX 78216	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description Printing
	<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 4/25/2023	Payee name Blue Star Brewing Company	
Amount (\$) 17.03	Payee address; City; State; Zip Code 1414 S Alamo St San Antonio, TX 78210	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expense	Description Food
	<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: 14 of 22	2 FILER NAME Mrs Teri M Castillo		3 Filer ID (Ethics Commission Filers)
4 Date 4/25/2023	5 Payee name Blue Star Brewing Company		
6 Amount (\$) 123.29	7 Payee address; City; State; Zip Code 1414 S Alamo St San Antonio, TX 78210		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Food
	(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 4/25/2023	Payee name Lehla Leonor Sanchez		
Amount (\$) 225.00	Payee address; City; State; Zip Code 522 Leigh St San Antonio, TX 78210		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense		Description Consulting
	<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 4/26/2023	Payee name Nadia Mirada-Colgrove		
Amount (\$) 360.00	Payee address; City; State; Zip Code 1015 S San Jacinto San Antonio, TX 78207		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense		Description Consulting
	<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: 15 of 22	2 FILER NAME Mrs Teri M Castillo		3 Filer ID (Ethics Commission Filers)
4 Date 4/26/2023	5 Payee name Allison Martinez		
6 Amount (\$) 300.00	7 Payee address; City; State; Zip Code 4707 Wurzbach Rd San Antonio, TX 78238		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting Expense		(b) Description Consulting
	(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 5/1/2023	Payee name Bill Miller BAR B-Q		
Amount (\$) 64.68	Payee address; City; State; Zip Code 430 S Santa Rosa Ave San Antonio, TX 78207		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expense		Description Food
	<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 5/1/2023	Payee name Hamza Sait		
Amount (\$) 400.00	Payee address; City; State; Zip Code 5039 Hamilton Wolfe Rd San Antoino, TX 78229		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense		Description Consulting
	<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: 16 of 22	2 FILER NAME Mrs Teri M Castillo	3 Filer ID (Ethics Commission Filers)
4 Date 5/2/2023	5 Payee name PRESTIGE PRINTING, LLC	
6 Amount (\$) 151.55	7 Payee address; City; State; Zip Code 8 Burwood Ln San Antonio, TX 78216	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Printing Expense	(b) Description Printing
	(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 5/2/2023	Payee name PRESTIGE PRINTING, LLC	
Amount (\$) 1085.75	Payee address; City; State; Zip Code 8 Burwood Ln San Antonio, TX 78216	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description Printing
	<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 5/2/2023	Payee name Subway	
Amount (\$) 70.25	Payee address; City; State; Zip Code 240 E Houston St San Antonio, TX 78205	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expense	Description Food
	<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: 17 of 22	2 FILER NAME Mrs Teri M Castillo		3 Filer ID (Ethics Commission Filers)
4 Date 5/4/2023	5 Payee name Alamo Mailing Company		
6 Amount (\$) 714.93	7 Payee address; City; State; Zip Code 13114 Lookout Run San Antonio, TX 78233		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Printing Expense		(b) Description Printing
	(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 5/4/2023	Payee name ActBlue		
Amount (\$) 38.65	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 Fees
	<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 5/5/2023	Payee name PRESTIGE PRINTING, LLC		
Amount (\$) 730.69	Payee address; City; State; Zip Code 8 Burwood Ln San Antonio, TX 78216		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense		Description Printing
	<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: 18 of 22	2 FILER NAME Mrs Teri M Castillo	3 Filer ID (Ethics Commission Filers)
4 Date 5/5/2023	5 Payee name Alamo Mailing Company	
6 Amount (\$) 1550.40	7 Payee address; City; State; Zip Code 13114 Lookout Run San Antonio, TX 78233	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Printing Expense	(b) Description Printing
	(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 5/6/2023	Payee name Jaimes Place	
Amount (\$) 615.60	Payee address; City; State; Zip Code 1514 W Commerce St San Antonio, TX 78207	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expense	Description Food
	<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 5/8/2023	Payee name Denise Castillo	
Amount (\$) 300.00	Payee address; City; State; Zip Code 114 Villa Arboles San Antonio, TX 78228	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense	Description Consulting
	<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: 19 of 22	2 FILER NAME Mrs Teri M Castillo		3 Filer ID (Ethics Commission Filers)
4 Date 5/8/2023	5 Payee name Little Caesars		
6 Amount (\$) 43.25	7 Payee address; City; State; Zip Code 207 N Zarzamora St San Antonio, TX 78207		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Food
	(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 5/8/2023	Payee name Lehla Leonor Sanchez		
Amount (\$) 202.50	Payee address; City; State; Zip Code 522 Leigh St San Antonio, TX 78210		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense		Description Consulting
	<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 5/9/2023	Payee name Nadia Mirada-Colgrove		
Amount (\$) 480.00	Payee address; City; State; Zip Code 1013 S San Jacinto San Antonio, TX 78207		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense		Description Consulting
	<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: 20 of 22	2 FILER NAME Mrs Teri M Castillo	3 Filer ID (Ethics Commission Filers)
4 Date 5/9/2023	5 Payee name Allison Martinez	
6 Amount (\$) 90.00	7 Payee address; City; State; Zip Code 4707 Wurzbach Rd San Antonio, TX 78238	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting Expense	(b) Description Consulting
	(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 5/9/2023	Payee name VANTIV eCommerce	
Amount (\$) 71.01	Payee address; City; State; Zip Code 900 Chelmsford St Lowell, MA 01851	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description Fees
	<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 5/17/2023	Payee name Hamza Sait	
Amount (\$) 1040.00	Payee address; City; State; Zip Code 5039 Hamilton Wolfe Rd San Antoino, TX 78229	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense	Description Consulting
	<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: 21 of 22	2 FILER NAME Mrs Teri M Castillo	3 Filer ID (Ethics Commission Filers)
4 Date 5/22/2023	5 Payee name TOSKR, INC DBA Getthru	
6 Amount (\$) 304.16	7 Payee address; City; State; Zip Code 1330 Broadway Floor 3 Oakland, CA 94612	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description Advertising
	(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 6/5/2023	Payee name ActBlue	
Amount (\$) 10.75	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 Fees
	<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 6/6/2023	Payee name MailChimp	
Amount (\$) 76.75	Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE Atlanta, GA 30308	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description Fees
	<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: 22 of 22	2 FILER NAME Mrs Teri M Castillo	3 Filer ID (Ethics Commission Filers)
4 Date 6/9/2023	5 Payee name VANTIV eCommerce	
6 Amount (\$) 17.69	7 Payee address; City; State; Zip Code 900 Chelmsford St Lowell, MA 01851	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description Fees
	(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 6/12/2023	Payee name GoDaddy	
Amount (\$) 51.32	Payee address; City; State; Zip Code 2155 GoDaddy Way Tempe, AZ 85284	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description Fees
	<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 6/26/2023	Payee name TOSKR, INC DBA Getthru	
Amount (\$) 58.16	Payee address; City; State; Zip Code 1330 Broadway Floor 3 Oakland, CA 94612	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description Fees
	<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

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 (\$)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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)
--	---	--

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
--	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 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		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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.)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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