

# 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:<br><b>37</b>             |           |
| 3 CANDIDATE / OFFICEHOLDER NAME  | MS / MRS / MR<br><b>Mrs</b>   | FIRST<br><b>Teri</b>   | MI<br><b>M</b>  | OFFICE USE ONLY                               |           |
|  | NICKNAME  | LAST<br><b>Castillo</b>  | SUFFIX  |   |           |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br><b>521 Torreon St<br/>San Antonio TX 78207</b>                                    |  |   | Date Received                                 |           |
| 5 CANDIDATE / OFFICEHOLDER PHONE   | AREA CODE<br>( <b>210</b> )   | PHONE NUMBER<br><b>929-3055</b>                                      | EXTENSION   | Date Hand-delivered or Date Postmarked        |           |
| 6 CAMPAIGN TREASURER NAME  | MS / MRS / MR<br><b>Mr</b>  | FIRST<br><b>Joe</b>  | MI  | Receipt #                                     | Amount \$ |
|  | NICKNAME  | LAST<br><b>Castillo</b>  | SUFFIX<br><b>III</b>  | Date Processed                                |           |
|  |   |  |   | Date Imaged                                   |           |
| 7 CAMPAIGN TREASURER ADDRESS<br>(Residence or Business)                                  | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br><b>303 Cass Ave<br/>San Antonio TX 78204</b>                     |  |   |   |           |
| 8 CAMPAIGN TREASURER PHONE   | AREA CODE<br>( <b>210</b> )   | PHONE NUMBER<br><b>379-6751</b>                                      | EXTENSION   |   |           |
| 9 REPORT TYPE  | <b>January 15: Semi-Annual</b>  |  |   |   |           |
| 10 PERIOD COVERED  | <div> <div>Month Day Year</div> <div>10/1/2021</div> </div> <div>THROUGH</div> <div> <div>Month Day Year</div> <div>12/31/2021</div> </div> |  |   |   |           |
| 11 ELECTION  | ELECTION DATE   |  | ELECTION TYPE   |   |           |
|  | Month Day Year  | <input type="checkbox"/> Primary<br><input type="checkbox"/> General | <input type="checkbox"/> Runoff<br><input type="checkbox"/> Special | <input type="checkbox"/> Other<br>Description |           |
| 12 OFFICE  | OFFICE HELD (if any)<br><b>District 5 City Council</b>  |  | 13 OFFICE SOUGHT (if known)<br><b>Council District 5</b>            |   |           |

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

|   |   |
|---|---|
| <b>14 C/OH NAME</b><br><b>Mrs Teri M Castillo</b> | <b>15 Filer ID</b> (Ethics Commission Filers) |
|---|---|

|   |   |                                      |
|---|---|--------------------------------------|
| <b>16 NOTICE FROM<br/>POLITICAL<br/>COMMITTEE(S)</b><br><br><br><br><br><br><br><input type="checkbox"/> Additional Pages | THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. |                                      |
|   | COMMITTEE TYPE<br><br><input type="checkbox"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC   | COMMITTEE NAME                       |
|   |   | COMMITTEE ADDRESS                    |
|   |   | COMMITTEE CAMPAIGN TREASURER NAME    |
|   |   | COMMITTEE CAMPAIGN TREASURER ADDRESS |

|                                   |   |                   |
|-----------------------------------|---|-------------------|
| <b>17 CONTRIBUTION<br/>TOTALS</b> | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | <b>\$ 390.00</b>  |
|                                   | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | <b>\$ 3460.63</b> |
| EXPENDITURE<br>TOTALS             | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES.   | <b>\$ 0</b>       |
|                                   | 4. TOTAL POLITICAL EXPENDITURES   | <b>\$ 1207.18</b> |
| CONTRIBUTION<br>BALANCE           | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | <b>\$ 9791.77</b> |
| OUTSTANDING<br>LOAN TOTALS        | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | <b>\$ 3500.00</b> |

|  |  |  |
|--|--|--|
| <b>18 AFFIDAVIT</b><br><br><br><div style="text-align: right; margin-right: 100px;">         I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.       </div> <div style="text-align: right; margin-right: 100px; margin-top: 20px;"> <b>*** Electronically Certified ***</b><br/>         _____<br/>         Signature of Candidate or Officeholder       </div> <div style="margin-top: 20px;">         AFFIX NOTARY STAMP / SEAL ABOVE       </div> <div style="margin-top: 20px;">         Sworn to and subscribed before me, by the said <u><b>Mrs Teri M Castillo</b></u>, this the <u><b>18th</b></u> day of <u><b>January</b></u>, <u><b>2022</b></u>, to certify which, witness my hand and seal of office.       </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div>Signature of officer administering oath</div> <div>Printed name of officer administering oath</div> <div>Title of officer administering oath</div> </div> |  |  |
|--|--|--|

# SUBTOTALS - COH

## FORM C/OH COVER SHEET PG 3

|  |   |   |
|--|---|---|
| <b>19</b> FILER NAME<br><b>Mrs Teri M Castillo</b> |   | <b>20</b> Filer ID (Ethics Commission Filers) |
| <b>21</b> SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE   |   | SUBTOTAL<br>AMOUNT                            |
| 1.   | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS   | <b>\$ 3460.63</b>                             |
| 2.   | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                           | <b>\$ 0</b>                                   |
| 3.   | <input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS   | <b>\$ 0</b>                                   |
| 4.   | <input checked="" type="checkbox"/> SCHEDULE E: LOANS   | <b>\$ 0</b>                                   |
| 5.   | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS                 | <b>\$ 1207.18</b>                             |
| 6.   | <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  | <b>\$ 0</b>                                   |
| 7.   | <input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS                | <b>\$ 0</b>                                   |
| 8.   | <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD   | <b>\$ 0</b>                                   |
| 9.   | <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                           | <b>\$ 0</b>                                   |
| 10.  | <input checked="" type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH           | <b>\$ 0</b>                                   |
| 11.  | <input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS              | <b>\$ 0</b>                                   |
| 12.  | <input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS<br>RETURNED TO FILER | <b>\$ 0</b>                                   |

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

|   |  |  |
|---|--|--|
| The Instruction Guide explains how to complete this form.   |  | 1 Total pages Schedule A1:<br><b>1 of 20</b>             |
| 2 FILER NAME<br><b>Mrs Teri M Castillo</b>  |  | 3 Filer ID (Ethics Commission Filers)                    |
| 4 Date<br><b>10/7/2021</b>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>James Long</b><br>.....<br>6 Contributor address; City; State; Zip Code<br><b>2508 Tampico Street</b><br><b>San Antonio, TX 78207</b> | 7 Amount of contribution (\$) <b>17.00</b>               |
| 8 Principal occupation / Job title (See instructions)<br><b>Teacher</b>   |  | 9 Employer (See instructions)<br><b>SAISD</b>            |
| Date<br><b>10/15/2021</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Nicholas Jurus</b><br>.....<br>Contributor address; City; State; Zip Code<br><b>9412 SW Gorsuch Rd</b><br><b>Vashon, WA 98070</b>       | Amount of contribution (\$) <b>2.00</b>                  |
| Principal occupation / Job title (See instructions)<br><b>Not Employed</b>  |  | Employer (See instructions)<br><b>Not Employed</b>       |
| Date<br><b>10/19/2021</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Daniel Graham</b><br>.....<br>Contributor address; City; State; Zip Code<br><b>1811 Oak St.</b><br><b>North Aurora, IL 60542</b>        | Amount of contribution (\$) <b>1.11</b>                  |
| Principal occupation / Job title (See instructions)<br><b>Teacher</b>   |  | Employer (See instructions)<br><b>DeKalb high school</b> |
| Date<br><b>11/7/2021</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>James Long</b><br>.....<br>Contributor address; City; State; Zip Code<br><b>2508 Tampico Street</b><br><b>San Antonio, TX 78207</b>     | Amount of contribution (\$) <b>17.00</b>                 |
| Principal occupation / Job title (See instructions)<br><b>Teacher</b>   |  | Employer (See instructions)<br><b>SAISD</b>              |
|   |  |  |
| <p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></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:  
**2 of 20**

2 FILER NAME  
**Mrs Teri M Castillo**

3 Filer ID (Ethics Commission Filers)

4 Date  
**11/15/2021**

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Nicholas Jurus**

7 Amount of contribution (\$)  
**2.00**

6 Contributor address; City; State; Zip Code  
**9412 SW Gorsuch Rd  
Vashon, WA 98070**

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

9 Employer (See instructions)  
**Not Employed**

Date  
**11/19/2021**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Daniel Graham**

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

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

Principal occupation / Job title (See instructions)  
**Teacher**

Employer (See instructions)  
**DeKalb high school**

Date  
**12/7/2021**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**James Long**

Amount of contribution (\$)  
**17.00**

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

Principal occupation / Job title (See instructions)  
**Teacher**

Employer (See instructions)  
**SAISD**

Date  
**12/15/2021**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Nicholas Jurus**

Amount of contribution (\$)  
**2.00**

Contributor address; City; State; Zip Code  
**9412 SW Gorsuch Rd  
Vashon, WA 98070**

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:<br><b>3 of 20</b>                                   |
| 2 FILER NAME<br><b>Mrs Teri M Castillo</b>  |   | 3 Filer ID (Ethics Commission Filers)  |
| 4 Date<br><b>12/17/2021</b>   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Amador Salazar</b><br>.....<br>6 Contributor address; City; State; Zip Code<br><b>6503 Arrid Pass</b><br><b>San Antonio, TX 78238</b>  | 7 Amount of contribution (\$) <b>30.00</b>                                     |
| 8 Principal occupation / Job title (See instructions)<br><b>Graduate Student</b>  |   | 9 Employer (See instructions)<br><b>University of Texas at San Antonio4670</b> |
| Date<br><b>12/17/2021</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Natalie Rodriguez</b><br>.....<br>Contributor address; City; State; Zip Code<br><b>6307 Pincay Oaks St.</b><br><b>Houston, TX 77088</b>  | Amount of contribution (\$) <b>30.00</b>                                       |
| Principal occupation / Job title (See instructions)<br><b>Fundraising Director</b>  |   | Employer (See instructions)<br><b>The Esperanza Peace and Justice Center</b>   |
| Date<br><b>12/17/2021</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Kayla Miranda</b><br>.....<br>Contributor address; City; State; Zip Code<br><b>1013 San Jacinto St</b><br><b>SAN ANTONIO, TX 78207</b>   | Amount of contribution (\$) <b>30.00</b>                                       |
| Principal occupation / Job title (See instructions)<br><b>Housing Justice Organizer</b>   |   | Employer (See instructions)<br><b>Self</b>                                     |
| Date<br><b>12/17/2021</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Natalie Clifford</b><br>.....<br>Contributor address; City; State; Zip Code<br><b>514 Westwood Drive</b><br><b>San Antonio, TX 78212</b> | Amount of contribution (\$) <b>15.00</b>                                       |
| Principal occupation / Job title (See instructions)<br><b>Teacher</b>   |   | Employer (See instructions)<br><b>Harlandale ISD</b>                           |
| <p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></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:  
**4 of 20**

2 FILER NAME  
**Mrs Teri M Castillo**

3 Filer ID (Ethics Commission Filers)

4 Date  
**12/18/2021**

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Natalie Clifford**

7 Amount of contribution (\$)  
**15.00**

6 Contributor address; City; State; Zip Code  
**514 Westwood Drive  
San Antonio, TX 78212**

8 Principal occupation / Job title (See instructions)  
**Teacher**

9 Employer (See instructions)  
**Harlandale ISD**

Date  
**12/18/2021**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Yasm  n Parra Codina**

Amount of contribution (\$)  
**30.00**

Contributor address; City; State; Zip Code  
**2503 W Summit Ave  
San Antonio, TX 78228**

Principal occupation / Job title (See instructions)  
**Educator**

Employer (See instructions)  
**UTSA**

Date  
**12/18/2021**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Jessica Cisneros**

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

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

Principal occupation / Job title (See instructions)  
**Staff Attorney**

Employer (See instructions)  
**Texas RioGrande Legal Aid**

Date  
**12/18/2021**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Steven Gilmore**

Amount of contribution (\$)  
**30.00**

Contributor address; City; State; Zip Code  
**527 Cormorant  
San Antonio, TX 78245**

Principal occupation / Job title (See instructions)  
**Attorney**

Employer (See instructions)  
**Self**

**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:<br><b>5 of 20</b>             |
| 2 FILER NAME<br><b>Mrs Teri M Castillo</b>  |   | 3 Filer ID (Ethics Commission Filers)                    |
| 4 Date<br><b>12/19/2021</b>   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Fernando Aguilar</b><br>.....<br>6 Contributor address; City; State; Zip Code<br><b>206 Wake Forrest<br/>San antonio, TX 78228</b> | 7 Amount of contribution (\$) <b>30.00</b>               |
| 8 Principal occupation / Job title (See instructions)<br><b>CPA</b>   |   | 9 Employer (See instructions)<br><b>Whitley Penn LLC</b> |
| Date<br><b>12/19/2021</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Daniel Graham</b><br>.....<br>Contributor address; City; State; Zip Code<br><b>1811 Oak St.<br/>North Aurora, IL 60542</b>           | Amount of contribution (\$) <b>1.11</b>                  |
| Principal occupation / Job title (See instructions)<br><b>Teacher</b>   |   | Employer (See instructions)<br><b>DeKalb high school</b> |
| Date<br><b>12/19/2021</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Emily Norwood</b><br>.....<br>Contributor address; City; State; Zip Code<br><b>5906 oak country way<br/>San Antonio, TX 78247</b>    | Amount of contribution (\$) <b>30.00</b>                 |
| Principal occupation / Job title (See instructions)<br><b>Assistant branch manager</b>  |   | Employer (See instructions)<br><b>Republic finance</b>   |
| Date<br><b>12/20/2021</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Monica Cruz</b><br>.....<br>Contributor address; City; State; Zip Code<br><b>168 Chevy Chase Dr<br/>San Antonio, TX 78209-4243</b>   | Amount of contribution (\$) <b>60.00</b>                 |
| Principal occupation / Job title (See instructions)<br><b>Research Associate</b>  |   | Employer (See instructions)<br><b>UTSA</b>               |
| <p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></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.  |   | <b>1</b> Total pages Schedule A1:<br><div style="text-align: right;"><b>6 of 20</b></div> |
| <b>2</b> FILER NAME<br><b>Mrs Teri M Castillo</b>  |   | <b>3</b> Filer ID (Ethics Commission Filers)  |
| <b>4</b> Date<br><b>12/20/2021</b>   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Lexy Garcia</b><br>.....<br><b>6</b> Contributor address; City; State; Zip Code<br><b>950 e bitters rd #712</b><br><b>San Antonio, TX 78216</b> | <b>7</b> Amount of contribution (\$) <b>30.00</b>   |
| <b>8</b> Principal occupation / Job title (See instructions)<br><b>Organizers</b>  |   | <b>9</b> Employer (See instructions)<br><b>Texas freedom network</b>                      |
| Date<br><b>12/20/2021</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Maria Velazquez</b><br>.....<br>Contributor address; City; State; Zip Code<br><b>659 Taft Blvd</b><br><b>San Antonio, TX 78225</b>                       | Amount of contribution (\$) <b>30.00</b>  |
| Principal occupation / Job title (See instructions)<br><b>Not Employed</b>   |   | Employer (See instructions)<br><b>Not Employed</b>  |
| Date<br><b>12/20/2021</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Sofia Lopez</b><br>.....<br>Contributor address; City; State; Zip Code<br><b>1031 W Russell Pl</b><br><b>San Antonio, TX 78212</b>                       | Amount of contribution (\$) <b>30.00</b>  |
| Principal occupation / Job title (See instructions)<br><b>Organizer</b>  |   | Employer (See instructions)<br><b>ACRE</b>  |
| Date<br><b>12/20/2021</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Linda Ortega</b><br>.....<br>Contributor address; City; State; Zip Code<br><b>2505 Saunders Ave</b><br><b>San Antonio, TX 78207</b>                      | Amount of contribution (\$) <b>30.00</b>  |
| Principal occupation / Job title (See instructions)<br><b>Not Employed</b>   |   | Employer (See instructions)<br><b>Not Employed</b>  |
|  |   |   |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br>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:<br><b>7 of 20</b>                  |
| 2 FILER NAME<br><b>Mrs Teri M Castillo</b>  |  | 3 Filer ID (Ethics Commission Filers)                         |
| 4 Date<br><b>12/21/2021</b>   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Ric Galvan</b><br>.....<br>6 Contributor address; City; State; Zip Code<br><b>3311 Meadow Dr</b><br><b>San Antonio, TX 78251-1606</b> | 7 Amount of contribution (\$) <b>30.00</b>                    |
| 8 Principal occupation / Job title (See instructions)<br><b>Campus Organizer</b>  |  | 9 Employer (See instructions)<br><b>Texas Freedom Network</b> |
| Date<br><b>12/21/2021</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Mia Loseff</b><br>.....<br>Contributor address; City; State; Zip Code<br><b>304 Funston Pl</b><br><b>San Antonio, TX 78209</b>          | Amount of contribution (\$) <b>30.00</b>                      |
| Principal occupation / Job title (See instructions)<br><b>Regional Director</b>   |  | Employer (See instructions)<br><b>Texas Housers</b>           |
| Date<br><b>12/22/2021</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Zane Smith</b><br>.....<br>Contributor address; City; State; Zip Code<br><b>3208 Sprucewood Dr</b><br><b>McKinney, TX 75071</b>         | Amount of contribution (\$) <b>30.00</b>                      |
| Principal occupation / Job title (See instructions)<br><b>Intern</b>  |  | Employer (See instructions)<br><b>Marsh USA</b>               |
| Date<br><b>12/22/2021</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Gina Cramer</b><br>.....<br>Contributor address; City; State; Zip Code<br><b>2234 Fresno</b><br><b>San Antonio, TX 78201</b>            | Amount of contribution (\$) <b>30.00</b>                      |
| Principal occupation / Job title (See instructions)<br><b>Data analyst</b>  |  | Employer (See instructions)<br><b>META</b>                    |
| <p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></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:<br><b>8 of 20</b>                 |
| 2 FILER NAME<br><b>Mrs Teri M Castillo</b>  |  | 3 Filer ID (Ethics Commission Filers)                        |
| 4 Date<br><b>12/23/2021</b>   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Lyssa Ochoa</b><br>.....<br>6 Contributor address; City; State; Zip Code<br><b>708 Canterbury Hill St</b><br><b>San Antonio, TX 78209</b> | 7 Amount of contribution (\$) <b>200.00</b>                  |
| 8 Principal occupation / Job title (See instructions)<br><b>Physician</b>   |  | 9 Employer (See instructions)<br><b>PVA</b>                  |
| Date<br><b>12/23/2021</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Robert Laurence</b><br>.....<br>Contributor address; City; State; Zip Code<br><b>315 E Woodlawn Ave</b><br><b>SAN ANTONIO, TX 78212</b>     | Amount of contribution (\$) <b>30.00</b>                     |
| Principal occupation / Job title (See instructions)<br><b>Organizer</b>   |  | Employer (See instructions)<br><b>Jolt</b>                   |
| Date<br><b>12/24/2021</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Diana De Leon</b><br>.....<br>Contributor address; City; State; Zip Code<br><b>538 W Highland Blvd</b><br><b>San Antonio, TX 78210</b>      | Amount of contribution (\$) <b>30.00</b>                     |
| Principal occupation / Job title (See instructions)<br><b>Union Organizer</b>   |  | Employer (See instructions)<br><b>San Antonio Alliance</b>   |
| Date<br><b>12/25/2021</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Albert Wylie</b><br>.....<br>Contributor address; City; State; Zip Code<br><b>3923 W Salinas St</b><br><b>San Antonio, TX 78207</b>         | Amount of contribution (\$) <b>30.00</b>                     |
| Principal occupation / Job title (See instructions)<br><b>Constituent Services</b>  |  | Employer (See instructions)<br><b>San Antonio District 5</b> |
| <p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></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:  
**9 of 20**

2 FILER NAME  
**Mrs Teri M Castillo**

3 Filer ID (Ethics Commission Filers)

4 Date  
**12/26/2021**

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Andrew Casillas**

7 Amount of contribution (\$)  
**30.00**

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

8 Principal occupation / Job title (See instructions)  
**Attorney**

9 Employer (See instructions)  
**Casillas Law Firm PLLC**

Date  
**12/26/2021**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Justin Renteria**

Amount of contribution (\$)  
**30.00**

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

Principal occupation / Job title (See instructions)  
**Policy**

Employer (See instructions)  
**COSA city council**

Date  
**12/26/2021**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Maria Yolanda Salazar**

Amount of contribution (\$)  
**15.00**

Contributor address; City; State; Zip Code  
**239 Teodora Drive  
Rio Grande City, TX 78582**

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

Employer (See instructions)  
**Not Employed**

Date  
**12/26/2021**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Denise Hernandez**

Amount of contribution (\$)  
**30.00**

Contributor address; City; State; Zip Code  
**1214 Morey Peak Drive  
San Antonio, TX 78213**

Principal occupation / Job title (See instructions)  
**Aide**

Employer (See instructions)  
**Jalen McKee-Rodriguez**

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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

|  |   |   |
|--|---|---|
| The Instruction Guide explains how to complete this form.  |   | <b>1</b> Total pages Schedule A1:<br><b>10 of 20</b>                              |
| <b>2</b> FILER NAME<br><b>Mrs Teri M Castillo</b>  |   | <b>3</b> Filer ID (Ethics Commission Filers)                                      |
| <b>4</b> Date<br><b>12/27/2021</b>   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Graciela Sanchez</b><br>.....<br><b>6</b> Contributor address; City; State; Zip Code<br><b>2718 Monterey Street</b><br><b>San Antonio, TX 78207</b> | <b>7</b> Amount of contribution (\$)<br><b>100.00</b>                             |
| <b>8</b> Principal occupation / Job title (See instructions)<br><b>Director</b>  |   | <b>9</b> Employer (See instructions)<br><b>Esperanza Peace and Justice Center</b> |
| Date<br><b>12/27/2021</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Eduardo Flores</b><br>.....<br>Contributor address; City; State; Zip Code<br><b>8323 Sierra Hermosa</b><br><b>San Antonio, TX 78255</b>                      | Amount of contribution (\$)<br><b>200.00</b>                                      |
| Principal occupation / Job title (See instructions)<br><b>Attorney</b>   |   | Employer (See instructions)<br><b>Self</b>  |
| Date<br><b>12/27/2021</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Leticia Sanchez</b><br>.....<br>Contributor address; City; State; Zip Code<br><b>2718 Monterey</b><br><b>San Antonio, TX 78207</b>                           | Amount of contribution (\$)<br><b>30.00</b>                                       |
| Principal occupation / Job title (See instructions)<br><b>Not Employed</b>   |   | Employer (See instructions)<br><b>Not Employed</b>                                |
| Date<br><b>12/27/2021</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Huey Rey Fischer</b><br>.....<br>Contributor address; City; State; Zip Code<br><b>445 East Mistletoe</b><br><b>San Antonio, TX 78212</b>                     | Amount of contribution (\$)<br><b>30.30</b>                                       |
| Principal occupation / Job title (See instructions)<br><b>Attorney</b>   |   | Employer (See instructions)<br><b>Jackson Walker LLP</b>                          |
|  |   |   |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br>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:<br><b>11 of 20</b>               |
| 2 FILER NAME<br><b>Mrs Teri M Castillo</b>   |  | 3 Filer ID (Ethics Commission Filers)                       |
| 4 Date<br><b>12/27/2021</b>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Jose Gonzalez II</b><br>.....<br>6 Contributor address; City; State; Zip Code<br><b>301 Encino Avenue</b><br><b>San Antonio, TX 78209</b> | 7 Amount of contribution (\$) <b>30.00</b>                  |
| 8 Principal occupation / Job title (See instructions)<br><b>Real Estate FiancÃ©</b>  |  | 9 Employer (See instructions)<br><b>Urban Collaborative</b> |
| Date<br><b>12/27/2021</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Enrique Aleman</b><br>.....<br>Contributor address; City; State; Zip Code<br><b>1918 W. Bridgecrest</b><br><b>Salt Lake City, UT 84116</b>  | Amount of contribution (\$) <b>150.00</b>                   |
| Principal occupation / Job title (See instructions)<br><b>Associate Professor</b>  |  | Employer (See instructions)<br><b>University of Utah</b>    |
| Date<br><b>12/27/2021</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>George Medina</b><br>.....<br>Contributor address; City; State; Zip Code<br><b>11401 Barrington Way</b><br><b>Austin, TX 78759</b>          | Amount of contribution (\$) <b>30.00</b>                    |
| Principal occupation / Job title (See instructions)<br><b>Not Employed</b>   |  | Employer (See instructions)<br><b>Not Employed</b>          |
| Date<br><b>12/27/2021</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Clifford Soloway</b><br>.....<br>Contributor address; City; State; Zip Code<br><b>121 W Highland Blvd</b><br><b>San Antonio, TX 78210</b>   | Amount of contribution (\$) <b>30.00</b>                    |
| Principal occupation / Job title (See instructions)<br><b>Labor organizer</b>  |  | Employer (See instructions)<br><b>San Antonio Alliance</b>  |
|  |  |   |
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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**12 of 20**

2 FILER NAME  
**Mrs Teri M Castillo**

3 Filer ID (Ethics Commission Filers)

4 Date  
**12/27/2021**

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Christine Gutierrez**

7 Amount of contribution (\$)  
**30.00**

6 Contributor address; City; State; Zip Code  
**221 E. Magnolia A  
San Antonio, TX 78212**

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

9 Employer (See instructions)  
**Clry Council**

Date  
**12/27/2021**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Katy Murdza**

Amount of contribution (\$)  
**30.00**

Contributor address; City; State; Zip Code  
**415 Rigsby Ave  
San Antonio, TX 78210**

Principal occupation / Job title (See instructions)  
**Advocacy Manger**

Employer (See instructions)  
**American Immigration Council**

Date  
**12/27/2021**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Elizabeth Cevallos**

Amount of contribution (\$)  
**30.00**

Contributor address; City; State; Zip Code  
**11042 Barclay Point  
San Antonio, TX 78254**

Principal occupation / Job title (See instructions)  
**Business Rules Analyst**

Employer (See instructions)  
**USAA**

Date  
**12/27/2021**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Maria De Leon**

Amount of contribution (\$)  
**30.00**

Contributor address; City; State; Zip Code  
**2700 Gurley ave  
Waco, TX 76711**

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

Employer (See instructions)  
**Not Employed**

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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**13 of 20**

2 FILER NAME  
**Mrs Teri M Castillo**

3 Filer ID (Ethics Commission Filers)

4 Date  
**12/27/2021**

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Delilah Hernandez**

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

6 Contributor address; City; State; Zip Code  
**7330 parkwett  
San Antonio, TX 78223**

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

9 Employer (See instructions)  
**Not Employed**

Date  
**12/27/2021**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Karen Munoz**

Amount of contribution (\$)  
**30.00**

Contributor address; City; State; Zip Code  
**1000 N. LBJ Drive #D6  
San Marcos, TX 78666**

Principal occupation / Job title (See instructions)  
**Digital Educator**

Employer (See instructions)  
**Hays-Caldwell Womens Center**

Date  
**12/27/2021**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Gregorio Casar**

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

Contributor address; City; State; Zip Code  
**300 W Skyview Rd  
Austin, TX 78752**

Principal occupation / Job title (See instructions)  
**Council member**

Employer (See instructions)  
**City of austin**

Date  
**12/27/2021**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Gregorio Casar**

Amount of contribution (\$)  
**300.00**

Contributor address; City; State; Zip Code  
**300 W Skyview Rd  
Austin, TX 78752**

Principal occupation / Job title (See instructions)  
**Council member**

Employer (See instructions)  
**City of austin**

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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**14 of 20**

2 FILER NAME  
**Mrs Teri M Castillo**

3 Filer ID (Ethics Commission Filers)

4 Date  
**12/27/2021**

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Alondra Aviles**

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

6 Contributor address; City; State; Zip Code  
**12930 Park Crossing #212  
San Antonio, TX 78217**

8 Principal occupation / Job title (See instructions)  
**Broker**

9 Employer (See instructions)  
**Cash America**

Date  
**12/27/2021**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Hannah Hughes**

Amount of contribution (\$)  
**30.00**

Contributor address; City; State; Zip Code  
**1200 W 40th St  
Austin, TX 78756**

Principal occupation / Job title (See instructions)  
**Field Coordinator**

Employer (See instructions)  
**Texas Freedom Network**

Date  
**12/27/2021**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Sara Gerrish**

Amount of contribution (\$)  
**30.00**

Contributor address; City; State; Zip Code  
**107 Peters Ct.  
San Antonio, TX 78204**

Principal occupation / Job title (See instructions)  
**Real estate broker**

Employer (See instructions)  
**RE/MAX Unlimited**

Date  
**12/27/2021**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Sarah Sorensen**

Amount of contribution (\$)  
**30.00**

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

Principal occupation / Job title (See instructions)  
**COVID Case Investigator**

Employer (See instructions)  
**UT School of Public Health**

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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**15 of 20**

2 FILER NAME  
**Mrs Teri M Castillo**

3 Filer ID (Ethics Commission Filers)

4 Date  
**12/27/2021**

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Carol Ann Aguero**

7 Amount of contribution (\$)  
**30.00**

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

8 Principal occupation / Job title (See instructions)  
**Paralegal**

9 Employer (See instructions)  
**NA**

Date  
**12/27/2021**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Ahmed Sharma**

Amount of contribution (\$)  
**30.00**

Contributor address; City; State; Zip Code  
**8639 Fairhaven St #3113  
San Antonio, TX 78229**

Principal occupation / Job title (See instructions)  
**Digital Content Producer**

Employer (See instructions)  
**FOX MEDIA**

Date  
**12/27/2021**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**erasmo hernandez**

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

Contributor address; City; State; Zip Code  
**9907 Autumn Arbor  
Converse, TX 78109**

Principal occupation / Job title (See instructions)  
**Litigation**

Employer (See instructions)  
**DA office**

Date  
**12/27/2021**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Grant Streeter**

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

Contributor address; City; State; Zip Code  
**216 Ivy Lane #231  
Boerne, TX 78006**

Principal occupation / Job title (See instructions)  
**Chef**

Employer (See instructions)  
**Comfort Pizza**

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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

|   |  |   |
|---|--|---|
| The Instruction Guide explains how to complete this form.   |  | 1 Total pages Schedule A1:<br><b>16 of 20</b>               |
| 2 FILER NAME<br><b>Mrs Teri M Castillo</b>  |  | 3 Filer ID (Ethics Commission Filers)                       |
| 4 Date<br><b>12/27/2021</b>   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Robert Laurence</b><br>.....<br>6 Contributor address; City; State; Zip Code<br><b>315 E Woodlawn Ave</b><br><b>SAN ANTONIO, TX 78212</b> | 7 Amount of contribution (\$)<br><b>15.00</b>               |
| 8 Principal occupation / Job title (See instructions)<br><b>Organizer</b>   |  | 9 Employer (See instructions)<br><b>Jolt</b>                |
| Date<br><b>12/27/2021</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Gina Cramer</b><br>.....<br>Contributor address; City; State; Zip Code<br><b>2234 Fresno</b><br><b>San Antonio, TX 78201</b>                | Amount of contribution (\$)<br><b>30.00</b>                 |
| Principal occupation / Job title (See instructions)<br><b>Data Analyst</b>  |  | Employer (See instructions)<br><b>META Consultants</b>      |
| Date<br><b>12/27/2021</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Benjamin Suddaby</b><br>.....<br>Contributor address; City; State; Zip Code<br><b>1807 Perez Street</b><br><b>Austin, TX 78721</b>          | Amount of contribution (\$)<br><b>30.00</b>                 |
| Principal occupation / Job title (See instructions)<br><b>Call Center</b>   |  | Employer (See instructions)<br><b>Travis County</b>         |
| Date<br><b>12/27/2021</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Ric Galvan</b><br>.....<br>Contributor address; City; State; Zip Code<br><b>3311 Meadow Dr</b><br><b>San Antonio, TX 78251-1606</b>         | Amount of contribution (\$)<br><b>30.00</b>                 |
| Principal occupation / Job title (See instructions)<br><b>Campus Organizer</b>  |  | Employer (See instructions)<br><b>Texas Freedom Network</b> |
| <p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></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:  
**17 of 20**

2 FILER NAME  
**Mrs Teri M Castillo**

3 Filer ID (Ethics Commission Filers)

4 Date  
**12/27/2021**

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Saul Hernandez**

7 Amount of contribution (\$)  
**30.00**

6 Contributor address; City; State; Zip Code  
**411 W Baylor  
San Antonio, TX 78204**

8 Principal occupation / Job title (See instructions)  
**Adjunct professor**

9 Employer (See instructions)  
**Our Lady of the lake**

Date  
**12/28/2021**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Alejandra Lopez**

Amount of contribution (\$)  
**30.00**

Contributor address; City; State; Zip Code  
**118 Arlington Ct.  
San Antonio, TX 78210**

Principal occupation / Job title (See instructions)  
**Teacher**

Employer (See instructions)  
**San Antonio Ind. School District**

Date  
**12/28/2021**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Joseph Acevedo**

Amount of contribution (\$)  
**30.00**

Contributor address; City; State; Zip Code  
**514 W Lynwood  
San Antonio, TX 78212-2631**

Principal occupation / Job title (See instructions)  
**Salesperson**

Employer (See instructions)  
**North Park Lincoln**

Date  
**12/28/2021**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Manuel Garza**

Amount of contribution (\$)  
**30.00**

Contributor address; City; State; Zip Code  
**414 Remolino  
San Antonio, TX 78237**

Principal occupation / Job title (See instructions)  
**Consultant**

Employer (See instructions)  
**Self**

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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**18 of 20**

2 FILER NAME  
**Mrs Teri M Castillo**

3 Filer ID (Ethics Commission Filers)

4 Date  
**12/28/2021**

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Mark Camann**

7 Amount of contribution (\$)  
**30.00**

6 Contributor address; City; State; Zip Code  
**3342 W Laurel  
San Antonio, TX 78228**

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

9 Employer (See instructions)  
**ACCD**

Date  
**12/28/2021**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Andrew Sanders**

Amount of contribution (\$)  
**30.00**

Contributor address; City; State; Zip Code  
**923 Ripley Avenue  
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)  
**Professor**

Employer (See instructions)  
**Texas A&M University San Antonio**

Date  
**12/28/2021**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Frances Sepulveda**

Amount of contribution (\$)  
**30.00**

Contributor address; City; State; Zip Code  
**1022 Fabulous Dr A  
San Antonio, TX 78213**

Principal occupation / Job title (See instructions)  
**Community organizer**

Employer (See instructions)  
**Texas Organizing Project**

Date  
**12/28/2021**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Beverly Rodriguez**

Amount of contribution (\$)  
**30.00**

Contributor address; City; State; Zip Code  
**6307 Pincay Oaks St.  
Houston, TX 77088**

Principal occupation / Job title (See instructions)  
**Physical Therapist**

Employer (See instructions)  
**Memorial Hermann**

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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**19 of 20**

2 FILER NAME  
**Mrs Teri M Castillo**

3 Filer ID (Ethics Commission Filers)

4 Date  
**12/28/2021**

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Arthur Valdez**

7 Amount of contribution (\$) **30.00**

6 Contributor address; City; State; Zip Code  
**317 Castillo #B  
San Antonio, TX 78210**

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

9 Employer (See instructions)  
**Not Employed**

Date  
**12/28/2021**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Esmeralda Alday**

Amount of contribution (\$) **30.00**

Contributor address; City; State; Zip Code  
**1101 E Parmer Lane #218  
Austin, TX 78753**

Principal occupation / Job title (See instructions)  
**Educator**

Employer (See instructions)  
**San Antonio ISD**

Date  
**12/28/2021**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Kristine Robb**

Amount of contribution (\$) **30.00**

Contributor address; City; State; Zip Code  
**403 Thorain Blvd  
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)  
**Archivist**

Employer (See instructions)  
**East Foundation**

Date  
**12/28/2021**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Brielle Insler**

Amount of contribution (\$) **30.00**

Contributor address; City; State; Zip Code  
**710 N Cherry St  
San Antonio, TX 78202**

Principal occupation / Job title (See instructions)  
**Partner**

Employer (See instructions)  
**DÃ¼able**

**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 20**

2 FILER NAME  
**Mrs Teri M Castillo**

3 Filer ID (Ethics Commission Filers)

4 Date  
**12/28/2021**

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**DEtte Cole**

7 Amount of contribution (\$)  
**30.00**

6 Contributor address; City; State; Zip Code  
**105 Reno St  
San Antonio, TX 78208**

8 Principal occupation / Job title (See instructions)  
**store owner/designer**

9 Employer (See instructions)  
**GOODgoods**

Date  
**12/29/2021**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Marco Acuna**

Amount of contribution (\$)  
**30.00**

Contributor address; City; State; Zip Code  
**608 W. Rosewood Avenue  
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)  
**Organizer**

Employer (See instructions)  
**Texas Organizing Project**

Date  
**12/30/2021**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Bernardo Eureste**

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

Contributor address; City; State; Zip Code  
**9406 Sharpview Drive  
Houston, TX 77036**

Principal occupation / Job title (See instructions)  
**Consultant**

Employer (See instructions)  
**Self**

Date  
**12/30/2021**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Graciela Sanchez**

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

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

Principal occupation / Job title (See instructions)  
**Director non-profit**

Employer (See instructions)  
**Esperanza**

**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:<br>1 of 1  |  |
| 2 FILER NAME<br>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# _____)<br>7 Contributor address; City; State; Zip Code | 8 Amount of Contribution \$<br>9 In-kind contribution description<br><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# _____)<br>Contributor address; City; State; Zip Code     | Amount of Contribution \$<br>In-kind contribution description<br><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<br>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:<br>1 of 1   |
| 2 FILER NAME<br>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# _____)<br>7 Pledgor address; City; State; Zip Code | 8 Amount of Pledge \$<br>9 In-kind contribution description<br><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# _____)<br>Pledgor address; City; State; Zip Code     | Amount of Pledge \$<br>In-kind contribution description<br><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# _____)<br>Pledgor address; City; State; Zip Code     | Amount of Pledge \$<br>In-kind contribution description<br><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# _____)<br>Pledgor address; City; State; Zip Code     | Amount of Pledge \$<br>In-kind contribution description<br><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<br>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

|  |   |  |  |
|--|---|--|--|
| <b>1</b> Total pages Schedule F1:<br><b>1 of 2</b>   | <b>2</b> FILER NAME<br><b>Mrs Teri M Castillo</b>   |  | <b>3</b> Filer ID (Ethics Commission Filers)   |
| <b>4</b> Date<br><b>10/14/2021</b>   | <b>5</b> Payee name<br><b>TOSKR, INC</b>  |  |  |
| <b>6</b> Amount (\$)<br><b>981.77</b>  | <b>7</b> Payee address; City; State; Zip Code<br><b>1999 Harrison St #1800<br/>OAKLAND, CA 94612-4700</b>   |  |  |
| <b>8</b><br><b>PURPOSE<br/>OF<br/>EXPENDITURE</b>  | <b>(a)</b> Category (See categories listed at the top of this schedule)<br><b>Advertising Expense</b>   |  | <b>(b)</b> Description<br><b>Phone Banking</b> |
|  | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |  |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name Office sought Office held |   |  |  |
| Date<br><b>11/9/2021</b>   | Payee name<br><b>VANTIV eCommerce</b>   |  |  |
| Amount (\$)<br><b>2.50</b>   | Payee address; City; State; Zip Code<br><b>900 Chelmsford St<br/>Lowell, MA 01851</b>   |  |  |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>  | Category (See categories listed at the top of this schedule)<br><b>Fees</b>   |  | Description<br><b>Transfer Fee</b>             |
|  | <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<br>Candidate / Officeholder name Office sought Office held          |   |  |  |
| Date<br><b>12/13/2021</b>  | Payee name<br><b>GoDaddy</b>  |  |  |
| Amount (\$)<br><b>29.16</b>  | Payee address; City; State; Zip Code<br><b>14455 N. Hayden Rd #219<br/>Scottsdale, AZ 85260</b>   |  |  |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>  | Category (See categories listed at the top of this schedule)<br><b>Advertising Expense</b>  |  | Description<br><b>Website Fee</b>              |
|  | <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<br>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

|   |   |  |  |
|---|---|--|--|
| <b>1</b> Total pages Schedule F1:<br><b>2 of 2</b>                  | <b>2</b> FILER NAME<br><b>Mrs Teri M Castillo</b>   |  | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Date<br><b>12/13/2021</b>                                  | <b>5</b> Payee name<br><b>GoDaddy</b>   |  |  |
| <b>6</b> Amount (\$)<br><b>191.75</b>                               | <b>7</b> Payee address; City; State; Zip Code<br><b>14455 N. Hayden Rd #219<br/>Scottsdale, AZ 85260</b>  |  |  |
| <b>8</b><br><br><b>PURPOSE<br/>OF<br/>EXPENDITURE</b>               | <b>(a)</b> Category (See categories listed at the top of this schedule)<br><b>Advertising Expense</b>   |  | <b>(b)</b> Description<br><b>Website Fee</b> |
|   | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |  |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH |   |  |  |
| Candidate / Officeholder name Office sought Office held             |   |  |  |
| Date<br><b>12/31/2021</b>   | Payee name<br><b>PNC Bank</b>   |  |  |
| Amount (\$)<br><b>2.00</b>  | Payee address; City; State; Zip Code<br><b>1927 First Avenue North<br/>Birmingham, AL 35203</b>   |  |  |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                               | Category (See categories listed at the top of this schedule)<br><b>Fees</b>   |  | Description<br><b>Bank Fee</b>               |
|   | <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense            |  |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |   |  |  |
| Candidate / Officeholder name Office sought Office held             |   |  |  |
| Date  | Payee name  |  |  |
| Amount (\$)   | Payee address; City; State; Zip Code  |  |  |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                               | 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**

# 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

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

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# 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

|  |   |  |
|--|---|--|
| <b>1</b> Total pages Schedule F4:<br><b>1 of 1</b> | <b>2</b> FILER NAME<br><b>Mrs Teri M Castillo</b> | <b>3</b> Filer ID (Ethics Commission Filers) |
|--|---|--|

|  |             |
|--|-------------|
| <b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | <b>\$ 0</b> |
|--|-------------|

|               |                     |
|---------------|---------------------|
| <b>5</b> Date | <b>6</b> Payee name |
|---------------|---------------------|

|                      |   |
|----------------------|---|
| <b>7</b> Amount (\$) | <b>8</b> Payee address; City; State; Zip Code |
|----------------------|---|

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

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

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| <b>11</b> 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

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

  

|   |  |  |             |
|---|--|--|-------------|
| Date  | Payee name   |  |             |
| Amount (\$)<br><br><input type="checkbox"/> Reimbursement from political contributions intended                                   | Payee address;                      City;      State;      Zip Code  |  |             |
| <b>PURPOSE OF EXPENDITURE</b>   | 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 (\$)<br><br><input type="checkbox"/> Reimbursement from political contributions intended                                   | Payee address;                      City;      State;      Zip Code  |  |             |
| <b>PURPOSE OF EXPENDITURE</b>   | 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

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

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

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

**SCHEDULE K**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

1 of 1

2 FILER NAME

Mrs Teri M Castillo

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom amount is received

8 Amount (\$)

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

7 Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

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

Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

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

Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

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

Purpose for which amount is received

☐ Check if political contribution returned to filer

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

**SCHEDULE T**

|   |   |   |
|---|---|---|
| <b>The Instruction Guide explains how to complete this form.</b>  |   | <b>1</b> Total pages Schedule T:<br><b>1 of 1</b> |
| <b>2</b> FILER NAME<br><b>Mrs Teri M Castillo</b>   |   | <b>3</b> Filer ID (Ethics Commission Filers)      |
| <b>4</b> Name of Contributor / Corporation or Labor Organization / Pledgor / Payee  |   |   |
| <b>5</b> Contribution / Expenditure reported on:<br><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> |   |   |
| <b>6</b> Dates of travel  | <b>7</b> Name of person(s) traveling  |   |
|   | <b>8</b> Departure city or name of departure location                               |   |
|   | <b>9</b> Destination city or name of destination location                           |   |
| <b>10</b> Means of transportation   | <b>11</b> Purpose of travel (including name of conference, seminar, or other event) |   |
| Name of Contributor / Corporation or Labor Organization / Pledgor / Payee   |   |   |
| Contribution / Expenditure reported on:<br><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:<br><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)           |   |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>  |   |   |

# 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