

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: 38	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs	FIRST Teri	MI M	OFFICE USE ONLY	
	NICKNAME	LAST Castillo	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 521 Torreon St San Antonio TX 78207			Date Received	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (210)	PHONE NUMBER 929-3055	EXTENSION	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr	FIRST Joe	MI	Receipt #	Amount \$
	NICKNAME	LAST Castillo	SUFFIX III	Date Processed	
				Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 303 Cass Ave San Antonio TX 78204				
8 CAMPAIGN TREASURER PHONE	AREA CODE (210)	PHONE NUMBER 379-6751	EXTENSION		
9 REPORT TYPE	July 15: Semi-Annual				
10 PERIOD COVERED	Month Day Year Month Day Year 5/26/2021 THROUGH 6/30/2021				
11 ELECTION	ELECTION DATE		ELECTION TYPE		
	Month Day Year 6/5/2021	<input type="checkbox"/> Primary <input type="checkbox"/> General	<input checked="" type="checkbox"/> Runoff <input type="checkbox"/> Special	<input type="checkbox"/> Other Description _____	
12 OFFICE	OFFICE HELD (if any) District 5 City Council		13 OFFICE SOUGHT (if known) Council District 5		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Mrs Teri M Castillo	15 Filer ID (Ethics Commission Filers)
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16 NOTICE FROM POLITICAL COMMITTEE(S)	<small>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.</small>	
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3906.65
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 9435.43
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 7925.28
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 3500.00

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*** Electronically Certified ***

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Mrs Teri M Castillo, this the 18th day of July, 2021, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - COH

FORM C/OH COVER SHEET PG 3

19 FILER NAME Mrs Teri M Castillo		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3406.65
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 500.00
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	\$ 9435.43
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	\$ 100.00

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
1 of 17

2 FILER NAME
Mrs Teri M Castillo

3 Filer ID (Ethics Commission Filers)

4 Date
5/26/2021

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

7 Amount of contribution (\$)
47.00

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
5/26/2021

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**708 Canterbury Hill St
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
Vascular Surgeon

Employer (See instructions)
Self

Date
5/26/2021

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

Date
5/27/2021

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

Amount of contribution (\$)
27.00

Contributor address; City; State; Zip Code
**601 N SANTA ROSA St #G1
SAN ANTONIO, TX 78207-3157**

Principal occupation / Job title (See instructions)
Teacher

Employer (See instructions)
Harlandale ISD

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 17

2 FILER NAME
Mrs Teri M Castillo

3 Filer ID (Ethics Commission Filers)

4 Date
5/27/2021

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

7 Amount of contribution (\$)
5.00

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

8 Principal occupation / Job title (See instructions)
Fundraiser

9 Employer (See instructions)
Center for American Progress

Date
5/28/2021

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

Amount of contribution (\$)
1.00

Contributor address; City; State; Zip Code
**7639 Becker Rd
Davis, CA 95618**

Principal occupation / Job title (See instructions)
scientist

Employer (See instructions)
uc davis

Date
5/28/2021

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

Amount of contribution (\$)
11.00

Contributor address; City; State; Zip Code
**36 Linnaean St. #9
Cambridge, MA 02138**

Principal occupation / Job title (See instructions)
Not Employed

Employer (See instructions)
Not Employed

Date
5/28/2021

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

Amount of contribution (\$)
3.33

Contributor address; City; State; Zip Code
**3208 Sprucewood Dr
McKinney, TX 75071**

Principal occupation / Job title (See instructions)
Intern

Employer (See instructions)
Marsh USA

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
3 of 17

2 FILER NAME
Mrs Teri M Castillo

3 Filer ID (Ethics Commission Filers)

4 Date
5/28/2021

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

7 Amount of contribution (\$) **8.33**

6 Contributor address; City; State; Zip Code
**111 Knox Abbott Dr #3307
Cayce, SC 29033**

8 Principal occupation / Job title (See instructions)
Soldier

9 Employer (See instructions)
US Army

Date
5/28/2021

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

Amount of contribution (\$) **8.33**

Contributor address; City; State; Zip Code
**2704 Springhill Drive
Grapevine, TX 76051**

Principal occupation / Job title (See instructions)
Copywriter

Employer (See instructions)
The Pen is Mightier Content Creators

Date
5/28/2021

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

Amount of contribution (\$) **8.33**

Contributor address; City; State; Zip Code
**301 Brazos St. #1217
Austin, TX 78701**

Principal occupation / Job title (See instructions)
Local and State Manager

Employer (See instructions)
ActBlue

Date
5/28/2021

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: 4 of 17
2 FILER NAME Mrs Teri M Castillo		3 Filer ID (Ethics Commission Filers)
4 Date 5/29/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Elizabeth Sheppard 6 Contributor address; City; State; Zip Code 2007 SE Bybee Blvd. Portland, OR 97202-5734	7 Amount of contribution (\$) 5.00
8 Principal occupation / Job title (See instructions) Not Employed		9 Employer (See instructions) Not Employed
Date 5/29/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Robert Lee Contributor address; City; State; Zip Code 17749 Chestnut Ave Country Club Hills, IL 60478	Amount of contribution (\$) 1.00
Principal occupation / Job title (See instructions) Not Employed		Employer (See instructions) Not Employed
Date 5/29/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nilka Alleyne Contributor address; City; State; Zip Code 1042 Spotted Saddle St Henderson, NV 89015	Amount of contribution (\$) 4.00
Principal occupation / Job title (See instructions) Not Employed		Employer (See instructions) Not Employed
Date 5/29/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Paul DeManche Contributor address; City; State; Zip Code 1031 W Russell Pl San Antonio, TX 78212	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) N/A		Employer (See instructions) N/A

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5 of 17
2 FILER NAME Mrs Teri M Castillo		3 Filer ID (Ethics Commission Filers)
4 Date 5/29/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lorena Barrett 6 Contributor address; City; State; Zip Code 11926 Laurelwood Drive Studio City, CA 91604	7 Amount of contribution (\$) 10.00
8 Principal occupation / Job title (See instructions) Interpreter		9 Employer (See instructions) Self employed
Date 5/29/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Peter Olsen Contributor address; City; State; Zip Code 4440 FINLEY AVE #101 Los Angeles, CA 90027	Amount of contribution (\$) 5.00
Principal occupation / Job title (See instructions) Greeter		Employer (See instructions) Yogaworks
Date 5/29/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jim McElroy Contributor address; City; State; Zip Code 2106 Cullen Ave #212 Austin, TX 78757	Amount of contribution (\$) 10.00
Principal occupation / Job title (See instructions) Financial Analyst		Employer (See instructions) Health and Human Svc Dept
Date 5/29/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ioria gattis Contributor address; City; State; Zip Code 2700 S 56th Street Fort Smith, AR 72903	Amount of contribution (\$) 3.00
Principal occupation / Job title (See instructions) Administrative Assistant		Employer (See instructions) Hyatt Corporation
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6 of 17
2 FILER NAME Mrs Teri M Castillo		3 Filer ID (Ethics Commission Filers)
4 Date 5/29/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Elena Orozco 6 Contributor address; City; State; Zip Code 195 Mariposa Ave. Daly City, CA 94015	7 Amount of contribution (\$) 1.00
8 Principal occupation / Job title (See instructions) Not employed		9 Employer (See instructions) Not employed
Date 5/29/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gerald Brookman Contributor address; City; State; Zip Code 715 Muir Avenue Kenai, AK 99611	Amount of contribution (\$) 2.40
Principal occupation / Job title (See instructions) Not Employed		Employer (See instructions) Not Employed
Date 5/29/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hannah Walters Contributor address; City; State; Zip Code 2130 Treeridge Dr SE Grand Rapids, MI 49508	Amount of contribution (\$) 10.00
Principal occupation / Job title (See instructions) Not Employed		Employer (See instructions) Not Employed
Date 5/29/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Michelle Lerner Contributor address; City; State; Zip Code 66 River Rd. Flanders, NJ 07836	Amount of contribution (\$) 5.00
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: 7 of 17
2 FILER NAME Mrs Teri M Castillo		3 Filer ID (Ethics Commission Filers)
4 Date 5/29/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Barry Haywood 6 Contributor address; City; State; Zip Code 222 madison St #205 Joliet, IL 60435	7 Amount of contribution (\$) 1.00
8 Principal occupation / Job title (See instructions) Not Employed		9 Employer (See instructions) Not Employed
Date 5/29/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Steven Armstead Contributor address; City; State; Zip Code 4903 N. Hermitage Ave. #2 Chicago, IL 60640	Amount of contribution (\$) 1.00
Principal occupation / Job title (See instructions) Production Manager		Employer (See instructions) FCB
Date 5/29/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Claude Whitaker Contributor address; City; State; Zip Code 4207 Creek Ridge Ln Missouri City, TX 77459	Amount of contribution (\$) 1.00
Principal occupation / Job title (See instructions) Not Employed		Employer (See instructions) Not Employed
Date 5/29/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Karin Swietlik Contributor address; City; State; Zip Code 6002 Mount Bonnell Cv Austin, TX 78731	Amount of contribution (\$) 4.00
Principal occupation / Job title (See instructions) Implementation Coach		Employer (See instructions) University of Texas
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

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

3 Filer ID (Ethics Commission Filers)

4 Date
5/29/2021

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

7 Amount of contribution (\$)
5.00

6 Contributor address; City; State; Zip Code
105 Arden St. #3G
New York, NY 10040

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

9 Employer (See instructions)
Not Employed

Date
5/29/2021

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

Amount of contribution (\$)
2.00

Contributor address; City; State; Zip Code
212 Market St #A
Warren, PA 16365

Principal occupation / Job title (See instructions)
Choral Scholar

Employer (See instructions)
Meadville First Presbyterian

Date
5/29/2021

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

Amount of contribution (\$)
3.00

Contributor address; City; State; Zip Code
7000 College Ave
Bakersfield, CA 93306

Principal occupation / Job title (See instructions)
Student

Employer (See instructions)
Student

Date
5/29/2021

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

Amount of contribution (\$)
1.00

Contributor address; City; State; Zip Code
5558 aspen valley
San antonio, TX 78242

Principal occupation / Job title (See instructions)
Not Employed

Employer (See instructions)
Not Employed

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 9 of 17
2 FILER NAME Mrs Teri M Castillo		3 Filer ID (Ethics Commission Filers)
4 Date 5/29/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Don Stone 6 Contributor address; City; State; Zip Code 1 Washington St. #202 Salem, MA 01970	7 Amount of contribution (\$) 1.00
8 Principal occupation / Job title (See instructions) Not Employed		9 Employer (See instructions) Not Employed
Date 5/29/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lane Stewart Contributor address; City; State; Zip Code 2500 Forest Bluff Dr SE Grand Rapids, MI 49546	Amount of contribution (\$) 1.80
Principal occupation / Job title (See instructions) Not Employed		Employer (See instructions) Not Employed
Date 5/29/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kathleen Barrett Contributor address; City; State; Zip Code 9011 Blue Quail Dr. Austin, TX 78758	Amount of contribution (\$) 10.00
Principal occupation / Job title (See instructions) Licensed Professional Counselor		Employer (See instructions) Samaritan Counseling Center
Date 5/29/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Linda Remy Contributor address; City; State; Zip Code 38 Miller Ave PMB #402 Mill Valley, CA 94941	Amount of contribution (\$) 10.00
Principal occupation / Job title (See instructions) Research		Employer (See instructions) UCSF
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

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

3 Filer ID (Ethics Commission Filers)

4 Date
5/29/2021

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

7 Amount of contribution (\$)
3.00

6 Contributor address; City; State; Zip Code
**416 Oak St #1
RIPON, WI 54971**

8 Principal occupation / Job title (See instructions)
Teacher

9 Employer (See instructions)
Ripon College

Date
5/29/2021

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

Amount of contribution (\$)
20.00

Contributor address; City; State; Zip Code
**30 Emerald Trl
Williamsville, NY 14221**

Principal occupation / Job title (See instructions)
Instructor

Employer (See instructions)
Medaille College

Date
5/29/2021

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

Amount of contribution (\$)
3.00

Contributor address; City; State; Zip Code
**1613 20th Ave. NE
Rochester, MN 55906**

Principal occupation / Job title (See instructions)
Not Employed

Employer (See instructions)
Not Employed

Date
5/30/2021

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

Amount of contribution (\$)
11.00

Contributor address; City; State; Zip Code
**1109 C St.
Juneau, AK 99801**

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: 11 of 17
2 FILER NAME Mrs Teri M Castillo		3 Filer ID (Ethics Commission Filers)
4 Date 5/30/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) alain ratheau 6 Contributor address; City; State; Zip Code 178 upper dover Wilmington, VT 05363	7 Amount of contribution (\$) 5.00
8 Principal occupation / Job title (See instructions) Not Employed		9 Employer (See instructions) Not Employed
Date 5/30/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brandi Williams Contributor address; City; State; Zip Code 6040 Reo St Toledo, OH 43615	Amount of contribution (\$) 2.00
Principal occupation / Job title (See instructions) CSR		Employer (See instructions) UCb
Date 5/30/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jennifer Paytas Contributor address; City; State; Zip Code 634 NW Lee st newport, OR 97365	Amount of contribution (\$) 5.00
Principal occupation / Job title (See instructions) Teacher		Employer (See instructions) LCSD
Date 5/30/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Colin Rich Contributor address; City; State; Zip Code 310 E Providencia Ave #211 Burbank, MI 91502	Amount of contribution (\$) 3.00
Principal occupation / Job title (See instructions) Television Editor		Employer (See instructions) CBS Studios
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

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

3 Filer ID (Ethics Commission Filers)

4 Date
5/30/2021

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

7 Amount of contribution (\$)
3.00

6 Contributor address; City; State; Zip Code
**310 E Providencia Ave #211
Burbank, MI 91502**

8 Principal occupation / Job title (See instructions)
Television Editor

9 Employer (See instructions)
CBS Studios

Date
5/30/2021

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

Amount of contribution (\$)
10.00

Contributor address; City; State; Zip Code
**639 Rosedale Road
Kennett Square, PA 19348**

Principal occupation / Job title (See instructions)
Not Employed

Employer (See instructions)
Not Employed

Date
5/30/2021

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

Amount of contribution (\$)
20.00

Contributor address; City; State; Zip Code
**PO Box 1444
Belchertown, MA 01007-1444**

Principal occupation / Job title (See instructions)
Not Employed

Employer (See instructions)
Not Employed

Date
5/30/2021

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

Amount of contribution (\$)
17.00

Contributor address; City; State; Zip Code
**2920 Mineral Springs
Schertz, TX 78108**

Principal occupation / Job title (See instructions)
State

Employer (See instructions)
Health inspector

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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 17
2 FILER NAME Mrs Teri M Castillo		3 Filer ID (Ethics Commission Filers)
4 Date 5/30/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bernie Villaseñor 6 Contributor address; City; State; Zip Code 139 Nightingale San Antonio, TX 78226	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See instructions) Not Employed		9 Employer (See instructions) Not Employed
Date 5/31/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ann Kieffer Contributor address; City; State; Zip Code 86 HERRON AVE ASHEVILLE, NC 28806	Amount of contribution (\$) 1.00
Principal occupation / Job title (See instructions) Not Employed		Employer (See instructions) Not Employed
Date 5/31/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Erica Khan Contributor address; City; State; Zip Code 24 Southwind Lane Milford, CT 06460	Amount of contribution (\$) 1.00
Principal occupation / Job title (See instructions) Compliance Auditor		Employer (See instructions) Total Mortgage Services LLC
Date 6/1/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Elizabeth Acuna Contributor address; City; State; Zip Code PO Box 1400 Alice, TX 78333	Amount of contribution (\$) 25.00
Principal occupation / Job title (See instructions) VP Loan Operations		Employer (See instructions) TEXAS CHAMPION BANK
<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:
14 of 17

2 FILER NAME
Mrs Teri M Castillo

3 Filer ID (Ethics Commission Filers)

4 Date
6/1/2021

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

7 Amount of contribution (\$)
100.00

6 Contributor address; City; State; Zip Code
**6939 Forest Way
San Antonio, TX 78240**

8 Principal occupation / Job title (See instructions)
attorney

9 Employer (See instructions)
self

Date
6/1/2021

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

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**112 Grand Jean St
San Antonio, TX 78204**

Principal occupation / Job title (See instructions)
Truck driver

Employer (See instructions)
Matheson

Date
6/1/2021

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

Amount of contribution (\$)
50.00

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

Principal occupation / Job title (See instructions)
Union Organizer

Employer (See instructions)
San Antonio Alliance of Teachers & Support Personnel

Date
6/1/2021

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

Amount of contribution (\$)
50.00

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

Principal occupation / Job title (See instructions)
Teacher

Employer (See instructions)
SAISD

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 17
2 FILER NAME Mrs Teri M Castillo		3 Filer ID (Ethics Commission Filers)
4 Date 6/1/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Maria Berriozabal 6 Contributor address; City; State; Zip Code 1148 Russell Pl San Antonio, TX 78201	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See instructions) Not Employed		9 Employer (See instructions) N/A
Date 6/1/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Francisco J Velazquez Contributor address; City; State; Zip Code 206 Honeysuckle Ln San Antonio, TX 78213	Amount of contribution (\$) 150.00
Principal occupation / Job title (See instructions) Not Employed		Employer (See instructions) N/A
Date 6/2/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Joleen Garcia Contributor address; City; State; Zip Code 511 Belcross Street San Antonio, TX 78237	Amount of contribution (\$) 27.00
Principal occupation / Job title (See instructions) Community organizer		Employer (See instructions) Self-employed
Date 6/2/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hector Perez Contributor address; City; State; Zip Code 12417 Ryan Lane Cerritos, CA 90703	Amount of contribution (\$) 150.00
Principal occupation / Job title (See instructions) Attorney		Employer (See instructions) Self
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 16 of 17
2 FILER NAME Mrs Teri M Castillo		3 Filer ID (Ethics Commission Filers)
4 Date 6/2/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ANNA JOHNSON 6 Contributor address; City; State; Zip Code 6325 North Sheridan Road #1902 Chicago, IL 60660-5721	7 Amount of contribution (\$) 4.00
8 Principal occupation / Job title (See instructions) Not Employed		9 Employer (See instructions) Not Employed
Date 6/2/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Justin R Rodriguez Contributor address; City; State; Zip Code PO Box 100153 San Antonio, TX 78201	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) County Commissioner		Employer (See instructions) San Antonio
Date 6/22/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) AFSCME PEOPLE Contributor address; City; State; Zip Code 816 Cameron St #1.06 San Antonio, TX 78212	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date 6/27/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Charles Lopez Contributor address; City; State; Zip Code 601 N SANTA ROSA St #G1 SAN ANTONIO, TX 78207-3157	Amount of contribution (\$) 27.00
Principal occupation / Job title (See instructions) Teacher		Employer (See instructions) Harlandale ISD
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 17

2 FILER NAME
Mrs Teri M Castillo

3 Filer ID (Ethics Commission Filers)

4 Date
6/29/2021

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

7 Amount of contribution (\$)
3.13

6 Contributor address; City; State; Zip Code
**1511 Park Road NW #14
Washington, DC 20009**

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

9 Employer (See instructions)
Vote Solar

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)

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)

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See instructions)

Employer (See instructions)

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 1 of 1
2 FILER NAME Mrs Teri M Castillo		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0
5 Date 6/5/2021	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Eddie Bravenec 7 Contributor address; City; State; Zip Code 501 Shook Avenue San Antonio, TX 78212	8 Amount of Contribution \$ 300.00 9 In-kind contribution description Beverages <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 6/5/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Diana De Leon Contributor address; City; State; Zip Code 7035 Pickwell Drive #15109 San Antonio, TX 78223	Amount of Contribution \$ 200.00 In-kind contribution description DJ <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
Advertising Expense
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 1 of 6	2 FILER NAME Mrs Teri M Castillo	3 Filer ID (Ethics Commission Filers)
4 Date 5/28/2021	5 Payee name PRESTIGE PRINTING, LLC	
6 Amount (\$) 1044.61	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 Literature
	(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 5/29/2021	Payee name Manuel Rodriguez	
Amount (\$) 430.24	Payee address; City; State; Zip Code 7226 Blanco Road San Antonio, TX 78216	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense	Description Field Organizer
	<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 5/29/2021	Payee name Amador Salazar	
Amount (\$) 442.00	Payee address; City; State; Zip Code 2234 Fresno San Antonio, TX 78201	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense	Description Field Organizer
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 2 of 6	2 FILER NAME Mrs Teri M Castillo	3 Filer ID (Ethics Commission Filers)
4 Date 5/29/2021	5 Payee name Amethyst Godina	
6 Amount (\$) 428.00	7 Payee address; City; State; Zip Code 119 Tyler Avenue San Antonio, TX 78204	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting Expense	(b) Description Field Organizer
	(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 6/3/2021	Payee name ACTBLUE	
Amount (\$) 163.49	Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Solicitation/Fundraising Expense	Description Fundraising Software
	<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 6/3/2021	Payee name Kathryn Bravenec	
Amount (\$) 1400.00	Payee address; City; State; Zip Code 501 Shook Avenue San Antonio, TX 78212	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense	Description Field Director
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM 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 6	2 FILER NAME Mrs Teri M Castillo	3 Filer ID (Ethics Commission Filers)
4 Date 6/6/2021	5 Payee name Amethyst Godina	
6 Amount (\$) 450.40	7 Payee address; City; State; Zip Code 119 Tyler Avenue San Antonio, TX 78204	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting Expense	(b) Description Field Organizer
	(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 6/6/2021	Payee name Manuel Rodriguez		
Amount (\$) 547.60	Payee address; City; State; Zip Code 7226 Blanco Road #3703 San Antonio, TX 78216		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense	Description Field Organizer	
	<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 6/7/2021	Payee name Snack Haven		
Amount (\$) 1150.00	Payee address; City; State; Zip Code 1032 S Presa 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			

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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 6	2 FILER NAME Mrs Teri M Castillo		3 Filer ID (Ethics Commission Filers)
4 Date 6/8/2021	5 Payee name BBVA		
6 Amount (\$) 3.00	7 Payee address; City; State; Zip Code 218 S Zarzamora St San Antonio, TX 78207		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Accounting/Banking		(b) Description Checks
	(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 6/8/2021	Payee name Amador Salazar		
Amount (\$) 470.40	Payee address; City; State; Zip Code 2234 Fresno San Antonio, TX 78201		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense		Description Field Organizer
	<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 6/9/2021	Payee name VANTIV eCommerce		
Amount (\$) 280.09	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) Solicitation/Fundraising Expense		Description Fundraising Software
	<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 6	2 FILER NAME Mrs Teri M Castillo		3 Filer ID (Ethics Commission Filers)
4 Date 6/9/2021	5 Payee name Kathryn Bravenec		
6 Amount (\$) 1400.00	7 Payee address; City; State; Zip Code 501 Shook Avenue San Antonio, TX 78212		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting Expense		(b) Description Field Director
	(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 6/10/2021	Payee name Maryann Hernandez		
Amount (\$) 75.96	Payee address; City; State; Zip Code 1635 Potosi st San Antonio, TX 78207		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Supplies		Description Supplies Reimbursement
	<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 6/21/2021	Payee name Maryann Hernandez		
Amount (\$) 103.24	Payee address; City; State; Zip Code 1330 BROADWAY 3RD FLOOR OAKLAND, CA 94612		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Solicitation/Fundraising Expense		Description Phone Banking Software
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			

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POLITICAL EXPENDITURES MADE FROM 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 6	2 FILER NAME Mrs Teri M Castillo	3 Filer ID (Ethics Commission Filers)
4 Date 6/24/2021	5 Payee name TOSKR, INC	
6 Amount (\$) 1046.40	7 Payee address; City; State; Zip Code 1330 BROADWAY 3RD FLOOR OAKLAND, CA 94612	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description Phone Banking Software
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought
		Office held

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

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

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)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 0
--	-------------

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

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

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

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

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

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

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

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

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

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

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

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.)

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
6/1/2021

5 Name of person from whom amount is received

Jaimes Place, LLC

8 Amount (\$)
100.00

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

**1514 W Commerce St
San Antonio, TX 78207**

7 Purpose for which amount is received

Ineligible

☒ 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