

# 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: <b>35</b>	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>Mrs</b>	FIRST <b>Teri</b>	MI <b>M</b>	OFFICE USE ONLY Date Received <b>1/16/2024 10:07:41AM</b>	
	NICKNAME	LAST <b>Castillo</b>	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>PO Box 831081 San Antonio TX 78283</b>			Date Hand-delivered or Date Postmarked	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE ( <b>210</b> )	PHONE NUMBER <b>668-6798</b>	EXTENSION		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <b>Mr</b>	FIRST <b>Joe</b>	MI <b>III</b>	Receipt #	Amount \$
	NICKNAME	LAST <b>Castillo</b>	SUFFIX	Date Processed <b>1/16/2024 10:07:41AM</b>	
					Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>303 Cass Ave San Antonio TX 78204</b>				
8 CAMPAIGN TREASURER PHONE	AREA CODE ( <b>210</b> )	PHONE NUMBER <b>379-6751</b>	EXTENSION		
9 REPORT TYPE	<b>January 15: Semi-Annual</b>				
10 PERIOD COVERED	<div>Month Day Year</div> <div><b>7/1/2023</b> THROUGH <b>12/31/2023</b></div>				
11 ELECTION	ELECTION DATE		ELECTION TYPE		
	Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special			
12 OFFICE	OFFICE HELD (if any) <b>Council District 5</b>		13 OFFICE SOUGHT (if known) <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> <b>Mrs Teri M Castillo</b>	<b>15 Filer ID</b> (Ethics Commission Filers)
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<b>16 NOTICE FROM POLITICAL COMMITTEE(S)</b>       <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.	
	COMMITTEE TYPE	COMMITTEE NAME
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	<b>\$ 0</b>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	<b>\$ 5484.26</b>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES.	<b>\$ 0</b>
	4. TOTAL POLITICAL EXPENDITURES	<b>\$ 636.42</b>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	<b>\$ 23059.23</b>
OUTSTANDING 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>		
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 <b>Mrs Teri M Castillo</b> , this the <b>16th</b> day of <b>January</b> , <b>2024</b> , 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

<b>19</b> FILER NAME <b>Mrs Teri M Castillo</b>		<b>20</b> Filer ID (Ethics Commission Filers)
<b>21</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	<b>\$ 5047.36</b>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	<b>\$ 436.90</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>\$ 636.42</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 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:  
**1 of 15**

**2** FILER NAME  
**Mrs Teri M Castillo**

**3** Filer ID (Ethics Commission Filers)

**4** Date  
**7/3/2023**

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

**7** Amount of contribution (\$)  
**8.00**

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

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

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

Date  
**7/11/2023**

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

Amount of contribution (\$)  
**5.00**

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

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

Employer (See instructions)  
**Sagacity Media Inc.**

Date  
**7/17/2023**

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

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

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

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

Employer (See instructions)  
**University of Texas at San Antonio 4670**

Date  
**7/31/2023**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Reuben B Yadin**

Amount of contribution (\$)  
**500.00**

Contributor address; City; State; Zip Code  
**4629 Marco  
San Antonio, TX 78218**

Principal occupation / Job title (See instructions)  
**Business Owner**

Employer (See instructions)  
**CBG Commercial Real Estate**

**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 15**

2 FILER NAME  
**Mrs Teri M Castillo**

3 Filer ID (Ethics Commission Filers)

4 Date  
**7/31/2023**

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Deborah B Yadin**

7 Amount of contribution (\$)  
**500.00**

6 Contributor address; City; State; Zip Code  
**4629 Marco  
San Antonio, TX 78218**

8 Principal occupation / Job title (See instructions)  
**Business Owner**

9 Employer (See instructions)  
**CBG Commercial Real Estate**

Date  
**8/3/2023**

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

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

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

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

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

Date  
**8/17/2023**

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

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

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

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

Employer (See instructions)  
**University of Texas at San Antonio 4670**

Date  
**9/3/2023**

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

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

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

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

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

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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

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

2 FILER NAME  
**Mrs Teri M Castillo**

3 Filer ID (Ethics Commission Filers)

4 Date  
**9/12/2023**

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

7 Amount of contribution (\$)  
**500.00**

6 Contributor address; City; State; Zip Code  
**112 E Pecan St #1616  
San Antonio, TX 78205**

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

9 Employer (See instructions)  
**Martin & Drought P.C.**

Date  
**9/17/2023**

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

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

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

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

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

Date  
**9/18/2023**

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

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

Contributor address; City; State; Zip Code  
**1013 S San Jacinto St  
San Antonio, TX 78207**

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

Employer (See instructions)  
**Self**

Date  
**10/3/2023**

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

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

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

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

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

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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

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

2 FILER NAME  
**Mrs Teri M Castillo**

3 Filer ID (Ethics Commission Filers)

4 Date  
**10/5/2023**

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

7 Amount of contribution (\$)  
**3.00**

6 Contributor address; City; State; Zip Code  
**123 E Rampart Dr #230  
San Antonio, TX 78216**

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

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

Date  
**10/21/2023**

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

Amount of contribution (\$)  
**500.00**

Contributor address; City; State; Zip Code  
**411 e cevallos  
San Antonio, TX 78204**

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

Employer (See instructions)  
**self**

Date  
**11/3/2023**

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

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

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

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

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

Date  
**12/1/2023**

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

Amount of contribution (\$)  
**9.09**

Contributor address; City; State; Zip Code  
**473 West End Avenue #4C  
Manhattan, NY 10024**

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.		<b>1</b> Total pages Schedule A1: <b>5 of 15</b>
<b>2</b> FILER NAME <b>Mrs Teri M Castillo</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>12/14/2023</b>	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>James Carmody</b> ..... <b>6</b> Contributor address; City; State; Zip Code <b>38 Kent Road</b> <b>Wappingers Falls, NY 12590</b>	<b>7</b> Amount of contribution (\$) <b>1.00</b>
<b>8</b> Principal occupation / Job title (See instructions) <b>Not Employed</b>		<b>9</b> Employer (See instructions) <b>Not Employed</b>
Date <b>12/14/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>julie spitzer</b> ..... Contributor address; City; State; Zip Code <b>275 west 96th st. #30-C</b> <b>NY, NY 10025</b>	Amount of contribution (\$) <b>2.27</b>
Principal occupation / Job title (See instructions) <b>psychotherapist</b>		Employer (See instructions) <b>self</b>
Date <b>12/18/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Vickie Willoughby</b> ..... Contributor address; City; State; Zip Code <b>421 S General McMullen Dr.</b> <b>San Antonio, TX 78237</b>	Amount of contribution (\$) <b>20.00</b>
Principal occupation / Job title (See instructions) <b>Self Employeed</b>		Employer (See instructions) <b>Sawillos</b>
Date <b>12/26/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Rachel D. Melendes</b> ..... Contributor address; City; State; Zip Code <b>210 Hatcher Ave</b> <b>San Antonio, TX 78223</b>	Amount of contribution (\$) <b>20.00</b>
Principal occupation / Job title (See instructions) <b>Researcher</b>		Employer (See instructions) <b>UNITE HERE!</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements		



# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

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

2 FILER NAME  
**Mrs Teri M Castillo**

3 Filer ID (Ethics Commission Filers)

4 Date  
**12/26/2023**

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

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

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

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

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

Date  
**12/27/2023**

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

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

Contributor address; City; State; Zip Code  
**421 South General McMullen Drive  
San Antonio, TX 78237**

Principal occupation / Job title (See instructions)  
**Self employed**

Employer (See instructions)  
**Sawillos Corp**

Date  
**12/27/2023**

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

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

Contributor address; City; State; Zip Code  
**1013 S San Jacinto St  
San Antonio, TX 78207**

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

Employer (See instructions)  
**Esperanza Peace and Justice Center**

Date  
**12/27/2023**

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

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

Contributor address; City; State; Zip Code  
**143 Westknoll  
San Antonio, TX 78227**

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:  
**7 of 15**

2 FILER NAME  
**Mrs Teri M Castillo**

3 Filer ID (Ethics Commission Filers)

4 Date  
**12/27/2023**

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

7 Amount of contribution (\$)  
**200.00**

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

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

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

Date  
**12/27/2023**

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

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

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  
**12/27/2023**

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

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

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

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

Employer (See instructions)  
**Not Employed**

Date  
**12/27/2023**

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

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

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

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

Employer (See instructions)  
**Self**

**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:  
**8 of 15**

**2** FILER NAME  
**Mrs Teri M Castillo**

**3** Filer ID (Ethics Commission Filers)

**4** Date  
**12/27/2023**

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

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

**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  
**12/27/2023**

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

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

Contributor address; City; State; Zip Code  
**2718 Monterey  
San Antonio, TX 78207**

Principal occupation / Job title (See instructions)  
**Non profit arts director**

Employer (See instructions)  
**Esperanza**

Date  
**12/27/2023**

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

Amount of contribution (\$)  
**60.00**

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

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

Employer (See instructions)  
**VNA**

Date  
**12/27/2023**

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

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

Contributor address; City; State; Zip Code  
**1710 Vera Cruz #78207  
San Antonio, TX 78207**

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

Employer (See instructions)  
**Retired**

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

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

2 FILER NAME  
**Mrs Teri M Castillo**

3 Filer ID (Ethics Commission Filers)

4 Date  
**12/27/2023**

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

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

6 Contributor address; City; State; Zip Code  
**453 Drake  
San Antonio, TX 78204**

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

9 Employer (See instructions)  
**Retired**

Date  
**12/27/2023**

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

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

Contributor address; City; State; Zip Code  
**424 E Ashby Pl #1  
San Antonio, TX 78212**

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

Employer (See instructions)  
**Teri Castillo District 5**

Date  
**12/27/2023**

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

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

Contributor address; City; State; Zip Code  
**123 Pinecresr Blvd. #5  
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)  
**Data Engineer**

Employer (See instructions)  
**Freelance**

Date  
**12/27/2023**

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

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

Contributor address; City; State; Zip Code  
**PO Box 5131  
San Antonio, TX 78201**

Principal occupation / Job title (See instructions)  
**Managing Director of Advocacy**

Employer (See instructions)  
**The ALS Association**

**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: <b>10 of 15</b>
2 FILER NAME <b>Mrs Teri M Castillo</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>12/27/2023</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>AnahÃ- GonzÃlez</b> ..... 6 Contributor address; City; State; Zip Code <b>212 West Burcham Avenue</b> <b>San Antonio, TX 78221</b>	7 Amount of contribution (\$) <b>100.00</b>
8 Principal occupation / Job title (See instructions) <b>Bookkeeper</b>		9 Employer (See instructions) <b>Las Bookies Bookkeeping Services</b>
Date <b>12/27/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Erica Benavides</b> ..... Contributor address; City; State; Zip Code <b>4827 W Cambray Drive</b> <b>San Antonio, TX 78229</b>	Amount of contribution (\$) <b>40.00</b>
Principal occupation / Job title (See instructions) <b>Owner</b>		Employer (See instructions) <b>Cuba 1918</b>
Date <b>12/27/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Gregory Garcia</b> ..... Contributor address; City; State; Zip Code <b>1915 Santa Monica</b> <b>San Antonio, TX 78201</b>	Amount of contribution (\$) <b>20.00</b>
Principal occupation / Job title (See instructions) <b>Construction</b>		Employer (See instructions) <b>Gregory Garcia</b>
Date <b>12/27/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>jane gonzalez</b> ..... Contributor address; City; State; Zip Code <b>4155 greco</b> <b>San Antonio, TX 78222</b>	Amount of contribution (\$) <b>200.00</b>
Principal occupation / Job title (See instructions) <b>self employed</b>		Employer (See instructions) <b>medwheels</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:  
**11 of 15**

**2** FILER NAME  
**Mrs Teri M Castillo**

**3** Filer ID (Ethics Commission Filers)

**4** Date  
**12/27/2023**

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

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

**6** Contributor address; City; State; Zip Code  
**201 W. Peden Alley**  
**San Antonio, TX 78204**

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

**9** Employer (See instructions)  
**Ywca San Antonio**

Date  
**12/27/2023**

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

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

Contributor address; City; State; Zip Code  
**903 W Huisache Ave**  
**San Antonio, TX 78201**

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

Employer (See instructions)  
**Healthcare**

Date  
**12/27/2023**

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

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

Contributor address; City; State; Zip Code  
**903 W Huisache Ave**  
**San Antonio, TX 78201**

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

Employer (See instructions)  
**STRAC**

Date  
**12/27/2023**

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

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

Contributor address; City; State; Zip Code  
**1554 W Mulberry Ave**  
**San Antonio, TX 78201**

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:  
**12 of 15**

**2** FILER NAME  
**Mrs Teri M Castillo**

**3** Filer ID (Ethics Commission Filers)

**4** Date  
**12/27/2023**

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

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

**6** Contributor address; City; State; Zip Code  
**319 Gladstone  
San Antonio, TX 78214**

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

**9** Employer (See instructions)  
**Bexar**

Date  
**12/27/2023**

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

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

Contributor address; City; State; Zip Code  
**4523 Emma Way  
San Antonio, TX 78222**

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

Employer (See instructions)  
**Communications Workers of America**

Date  
**12/27/2023**

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

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

Contributor address; City; State; Zip Code  
**1535 W mulberry  
San Antonio, TX 78201**

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

Employer (See instructions)  
**Not Employed**

Date  
**12/27/2023**

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

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

Contributor address; City; State; Zip Code  
**424 Ivy Lane  
San Antonio, TX 78209**

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

Employer (See instructions)  
**SAISD**

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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 15**

**2** FILER NAME  
**Mrs Teri M Castillo**

**3** Filer ID (Ethics Commission Filers)

**4** Date  
**12/27/2023**

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

**7** Amount of contribution (\$)  
**35.00**

**6** Contributor address; City; State; Zip Code  
**236 Taft Blvd  
San Antonio, TX 78225**

**8** Principal occupation / Job title (See instructions)  
**Self employed**

**9** Employer (See instructions)  
**Edward Martinez.**

Date  
**12/27/2023**

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

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

Contributor address; City; State; Zip Code  
**222 E Houston St. #1203  
San Antonio, TX 78205**

Principal occupation / Job title (See instructions)  
**Cultural Placemaking**

Employer (See instructions)  
**Centro**

Date  
**12/27/2023**

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

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

Contributor address; City; State; Zip Code  
**26 O St. NW  
Washington DC, DC 20001**

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

Employer (See instructions)  
**Planned parenthood**

Date  
**12/27/2023**

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

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

Contributor address; City; State; Zip Code  
**3910 W. Martin St.  
San Antonio, TX 78207**

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

Employer (See instructions)  
**SHArCS New College ASU**

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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>14 of 15</b>
2 FILER NAME <b>Mrs Teri M Castillo</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>12/27/2023</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Yvette Changuin</b> ..... 6 Contributor address; City; State; Zip Code <b>203 E Lambert St</b> <b>San Antonio, TX 78204</b>	7 Amount of contribution (\$) <b>25.00</b>
8 Principal occupation / Job title (See instructions) <b>Lawyer</b>		9 Employer (See instructions) <b>Raices</b>
Date <b>12/27/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Monica Cruz</b> ..... Contributor address; City; State; Zip Code <b>168 Chevy Chase Dr</b> <b>San Antonio, TX 78209</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See instructions) <b>Researcher</b>		Employer (See instructions) <b>UTSA</b>
Date <b>12/28/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Yasmin Codina Garza</b> ..... Contributor address; City; State; Zip Code <b>2503 W Summit Ave</b> <b>San Antonio, TX 78228</b>	Amount of contribution (\$) <b>20.00</b>
Principal occupation / Job title (See instructions) <b>Educator</b>		Employer (See instructions) <b>UTSA</b>
Date <b>12/29/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mary Ann Valdez Hernandez</b> ..... Contributor address; City; State; Zip Code <b>1635 Potoai</b> <b>San Antonio, TX 78207</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See instructions) <b>Not Employed</b>		Employer (See instructions) <b>Not Employed</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:  
**15 of 15**

2 FILER NAME  
**Mrs Teri M Castillo**

3 Filer ID (Ethics Commission Filers)

4 Date  
**12/30/2023**

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

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

6 Contributor address; City; State; Zip Code  
**1630 W. Huisache Avenue  
San Antonio, TX 78201**

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

9 Employer (See instructions)  
**Trinity University**

Date  
**12/31/2023**

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

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

Contributor address; City; State; Zip Code  
**7343 Park West Dr.  
San Antonio, TX 78250**

Principal occupation / Job title (See instructions)  
**Texas State Director**

Employer (See instructions)  
**NextGen America**

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)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE **A2**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:  
1 of 1

2 FILER NAME  
**Mrs Teri M Castillo**

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$ 0

5 Date  
**12/27/2023**

6 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Eddie Bravenec**

8 Amount of Contribution \$ **436.90**

9 In-kind contribution description  
**Food**

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

☐ 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 ☐ out-of-state PAC (ID# \_\_\_\_\_)

Amount of Contribution \$

In-kind contribution description

Contributor address; City; State; Zip Code

☐ Check if travel outside of Texas, complete Schedule T

Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)

Employer (FOR NON-JUDICIAL) (See instructions)

Contributor's principal occupation (FOR JUDICIAL)

Contributor's job title (FOR JUDICIAL) (See instructions)

Contributor's employer/law firm (FOR JUDICIAL)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# PLEDGED CONTRIBUTIONS

## SCHEDULE B

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

# LOANS

## SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:  
1 of 1

2 FILER NAME  
Mrs Teri M Castillo

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$ 0

5 Date of loan

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

9 Loan Amount (\$)

6 Is lender a  
financial  
institution?

8 Lender address; City; State; Zip Code

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See instructions)

13 Employer (See instructions)

14 Description of Collateral

☐ none

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

16 GUARANTOR  
INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address; City; State; Zip Code

☐ not applicable

20 Principal occupation (See instructions)

21 Employer (See instructions)

Date of loan

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

Loan Amount (\$)

Is lender a  
financial  
institution?

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See instructions)

Employer (See instructions)

Description of Collateral

☐ none

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

GUARANTOR  
INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

☐ not applicable

Principal occupation (See instructions)

Employer (See instructions)

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>1 of 5</b>	<b>2</b> FILER NAME <b>Mrs Teri M Castillo</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>7/6/2023</b>	<b>5</b> Payee name <b>MailChimp</b>		
<b>6</b> Amount (\$) <b>76.75</b>	<b>7</b> Payee address; City; State; Zip Code <b>675 Ponce de Leon Ave NE Atlanta, GA 30308</b>		
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Fees</b>		<b>(b)</b> Description <b>Reoccurring Fee</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 <b>7/11/2023</b>	Payee name <b>VANTIV eCommerce</b>		
Amount (\$) <b>5.00</b>	Payee address; City; State; Zip Code <b>900 Chelmsford St Lowell, MA 01851</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Fees</b>		Description <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         Candidate / Officeholder name         Office sought         Office held			
Date <b>8/9/2023</b>	Payee name <b>VANTIV eCommerce</b>		
Amount (\$) <b>5.20</b>	Payee address; City; State; Zip Code <b>900 Chelmsford St Lowell, MA 01851</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Fees</b>		Description <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         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

<b>1</b> Total pages Schedule F1: <b>2 of 5</b>	<b>2</b> FILER NAME <b>Mrs Teri M Castillo</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>9/11/2023</b>	<b>5</b> Payee name <b>VANTIV eCommerce</b>		
<b>6</b> Amount (\$) <b>2.63</b>	<b>7</b> Payee address; City; State; Zip Code <b>900 Chelmsford St Lowell, MA 01851</b>		
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Fees</b>		<b>(b)</b> Description <b>Transfer 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 <b>10/5/2023</b>	Payee name <b>ActBlue</b>		
Amount (\$) <b>8.64</b>	Payee address; City; State; Zip Code <b>366 Summer St Somerville, MA 02144</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Fees</b>		Description <b>Fundraising</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 <b>10/11/2023</b>	Payee name <b>VANTIV eCommerce</b>		
Amount (\$) <b>15.65</b>	Payee address; City; State; Zip Code <b>900 Chelmsford St Lowell, MA 01851</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Fees</b>		Description <b>Transfer</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			

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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

<b>1</b> Total pages Schedule F1: <b>3 of 5</b>	<b>2</b> FILER NAME <b>Mrs Teri M Castillo</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>10/20/2023</b>	<b>5</b> Payee name <b>SamsClub #8264</b>		
<b>6</b> Amount (\$) <b>69.90</b>	<b>7</b> Payee address; City; State; Zip Code <b>3150 SW Military Dr San Antonio, TX 78224</b>		
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Food/Beverage Expense</b>		<b>(b)</b> Description <b>Food</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 <b>10/23/2023</b>	Payee name <b>HEB #699</b>		
Amount (\$) <b>17.35</b>	Payee address; City; State; Zip Code <b>1601 Nogalitos St San Antonio, TX 78204</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Food/Beverage Expense</b>		Description <b>Food</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 <b>11/3/2023</b>	Payee name <b>ActBlue</b>		
Amount (\$) <b>8.15</b>	Payee address; City; State; Zip Code <b>366 Summer St Somerville, MA 02144</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Fees</b>		Description <b>Fundraising</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			
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>			



# 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: <b>4 of 5</b>	<b>2</b> FILER NAME <b>Mrs Teri M Castillo</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>11/6/2023</b>	<b>5</b> Payee name <b>MailChimp</b>		
<b>6</b> Amount (\$) <b>76.75</b>	<b>7</b> Payee address; City; State; Zip Code <b>675 Ponce de Leon Ave NE Atlanta, GA 30308</b>		
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Fees</b>		<b>(b)</b> Description <b>Mail</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 <b>11/9/2023</b>	Payee name <b>VANTIV eCommerce</b>		
Amount (\$) <b>19.19</b>	Payee address; City; State; Zip Code <b>900 Chelmsford St Lowell, MA 01851</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Fees</b>		Description <b>Transfer</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 <b>12/6/2023</b>	Payee name <b>MailChimp</b>		
Amount (\$) <b>76.75</b>	Payee address; City; State; Zip Code <b>675 Ponce de Leon Ave NE Atlanta, GA 30308</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Fees</b>		Description <b>Mail</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			

**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: <b>5 of 5</b>	<b>2</b> FILER NAME <b>Mrs Teri M Castillo</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>12/11/2023</b>	<b>5</b> Payee name <b>GoDaddy</b>		
<b>6</b> Amount (\$) <b>217.34</b>	<b>7</b> Payee address; City; State; Zip Code <b>2155 GoDaddy Way Tempe, AZ 85284</b>		
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Fees</b>		<b>(b)</b> Description <b>Website</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 <b>12/11/2023</b>	Payee name <b>VANTIV eCommerce</b>		
Amount (\$) <b>1.96</b>	Payee address; City; State; Zip Code <b>900 Chelmsford St Lowell, MA 01851</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Fees</b>		Description <b>Transfer</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 <b>12/12/2023</b>	Payee name <b>GoDaddy</b>		
Amount (\$) <b>35.16</b>	Payee address; City; State; Zip Code <b>2155 GoDaddy Way Tempe, AZ 85284</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Fees</b>		Description <b>Website</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			

**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: <b>1 of 1</b>		<b>2</b> FILER NAME <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		<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					

# 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: <b>1 of 1</b>	<b>2</b> FILER NAME <b>Mrs Teri M Castillo</b>	<b>3</b> Filer ID (Ethics Commission Filers)
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<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
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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	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: <b>1 of 1</b>	<b>2</b> FILER NAME <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 (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address;                      City;      State;      Zip Code	
<b>8</b> <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 (\$)  <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 (\$)  <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

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# 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: <b>1 of 1</b>	<b>2</b> FILER NAME <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>  <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	Business name	
Amount (\$)	Business 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	Business name	
Amount (\$)	Business 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		

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# 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: <b>1 of 1</b>	<b>2</b> FILER NAME <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> <b>PURPOSE OF 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 OF 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 OF 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 OF 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

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# 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: <b>1 of 1</b>
<b>2</b> FILER NAME <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: <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: <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)	
<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