

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: 105		
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 #
	NICKNAME	LAST Castillo	SUFFIX	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	8th Day Before General Election					
10 PERIOD COVERED	Month Day Year Month Day Year 3/23/2021 THROUGH 4/21/2021					
11 ELECTION	ELECTION DATE Month Day Year 5/1/2021		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special			
12 OFFICE	OFFICE HELD (if any)		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>
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COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS
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☐ Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 300.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 7767.81
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 7885.03
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 8553.20
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 **23rd** day of **April**, **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	\$ 7367.81
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 400.00
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	\$ 7885.03
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	\$ 1000.00

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
1 of 83

2 FILER NAME
Mrs Teri M Castillo

3 Filer ID (Ethics Commission Filers)

4 Date
3/23/2021

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

7 Amount of contribution (\$) **27.00**

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
3/23/2021

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

Amount of contribution (\$) **27.00**

Contributor address; City; State; Zip Code
**4039 San Fernando St
San Antonio, TX 78237**

Principal occupation / Job title (See instructions)
Editor

Employer (See instructions)
Pace Communications

Date
3/23/2021

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

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

Contributor address; City; State; Zip Code
**389 Hodgdon Hall Room 118 Tufts University
MEDFORD, MA 02144**

Principal occupation / Job title (See instructions)
Not Employed

Employer (See instructions)
Not Employed

Date
3/23/2021

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

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

Contributor address; City; State; Zip Code
**950 E Bitters rd
San Antonio, TX 78216**

Principal occupation / Job title (See instructions)
Field coordinator

Employer (See instructions)
Texas freedom network

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2 of 83
2 FILER NAME Mrs Teri M Castillo		3 Filer ID (Ethics Commission Filers)
4 Date 3/23/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Khalil Farmer 6 Contributor address; City; State; Zip Code 205 Barker Rd Ringgold, VA 24586	7 Amount of contribution (\$) 2.40
8 Principal occupation / Job title (See instructions) Not Employed		9 Employer (See instructions) Not Employed
Date 3/25/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) John Ramirez Contributor address; City; State; Zip Code 99 745 Nahiolea st Aiea, HI 96701	Amount of contribution (\$) 250.00
Principal occupation / Job title (See instructions) Letter carrier		Employer (See instructions) Usps
Date 3/25/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sotero Ramirez Contributor address; City; State; Zip Code 2727 Menchaca St San Antonio, TX 78228	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) Marketing Manager		Employer (See instructions) Scaleworks
Date 3/25/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Masha Lebedeva Contributor address; City; State; Zip Code 1312 Arthur Drive Ames, IA 50010	Amount of contribution (\$) 10.00
Principal occupation / Job title (See instructions) Driver		Employer (See instructions) Eatstreet
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
3/26/2021

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

7 Amount of contribution (\$)
25.00

6 Contributor address; City; State; Zip Code
**712 Green St.
San Antonio, TX 78225**

8 Principal occupation / Job title (See instructions)
Financial Services Professional

9 Employer (See instructions)
New York Life

Date
3/27/2021

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

Amount of contribution (\$)
1.00

Contributor address; City; State; Zip Code
**4903 N. Hermitage Ave. #2
Chicago, IL 60640**

Principal occupation / Job title (See instructions)
Production Manager

Employer (See instructions)
FCB

Date
3/27/2021

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

Date
3/29/2021

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

Amount of contribution (\$)
10.00

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

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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
3/30/2021

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

7 Amount of contribution (\$)
100.00

6 Contributor address; City; State; Zip Code
**4950 Dare Lane
San Antonio, TX 78217**

8 Principal occupation / Job title (See instructions)
Academic Advisor

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

Date
3/31/2021

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

Amount of contribution (\$)
30.00

Contributor address; City; State; Zip Code
**1031 W Russell Pl
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)
Organizer

Employer (See instructions)
ACRE

Date
4/2/2021

Full name of contributor ☐ out-of-state PAC (ID# _____)
Vanessa S  nchez

Amount of contribution (\$)
400.00

Contributor address; City; State; Zip Code
**910 West Mariposa Drive
San Antonio, TX 78201**

Principal occupation / Job title (See instructions)
Fundraiser

Employer (See instructions)
Arts nonprofit

Date
4/2/2021

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

Amount of contribution (\$)
27.00

Contributor address; City; State; Zip Code
**205 Dandelion Ln.
San Antonio, TX 78213**

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:
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2 FILER NAME
Mrs Teri M Castillo

3 Filer ID (Ethics Commission Filers)

4 Date
4/3/2021

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Joe L Valdez

7 Amount of contribution (\$)
398.00

6 Contributor address; City; State; Zip Code
**311 S St Marys
San Antonio, TX 78205**

8 Principal occupation / Job title (See instructions)
Retired

9 Employer (See instructions)

Date
4/3/2021

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**3525 S Kerckhoff Avenue
San Pedro, CA 90731**

Principal occupation / Job title (See instructions)
Banking Executive

Employer (See instructions)
CTBC BANK USA

Date
4/3/2021

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**9106 Harbor View St
San Antonio, TX 78242**

Principal occupation / Job title (See instructions)
Executive Director

Employer (See instructions)
MOVE Texas Action Fund

Date
4/5/2021

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

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**30545 Bridlegate Dr.
Bulverde, TX 78163**

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**

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2 FILER NAME
Mrs Teri M Castillo

3 Filer ID (Ethics Commission Filers)

4 Date
4/5/2021

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

7 Amount of contribution (\$)
17.00

6 Contributor address; City; State; Zip Code
**8418 Hidden Meadow Ln
San Antonio, TX 78230**

8 Principal occupation / Job title (See instructions)
Organizer

9 Employer (See instructions)
Texas Freedom Network

Date
4/6/2021

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

Amount of contribution (\$)
150.00

Contributor address; City; State; Zip Code
**9134 Mire Court
San Antonio, TX 78250**

Principal occupation / Job title (See instructions)
Mechanic

Employer (See instructions)

Date
4/6/2021

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

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**126 B St
San Antonio, TX 78207**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)

Date
4/7/2021

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

Amount of contribution (\$)
221.00

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7 of 83
2 FILER NAME Mrs Teri M Castillo		3 Filer ID (Ethics Commission Filers)
4 Date 4/7/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Joselyn Covarrubias 6 Contributor address; City; State; Zip Code 1710 Veracruz San Antonio, TX 78207	7 Amount of contribution (\$) 90.00
8 Principal occupation / Job title (See instructions)		9 Employer (See instructions) Walgreens
Date 4/7/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Abigail DeBellis Contributor address; City; State; Zip Code 428 Sharp Ave Glenolden, PA 19036	Amount of contribution (\$) 1.00
Principal occupation / Job title (See instructions) Not Employed		Employer (See instructions) Not Employed
Date 4/7/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lincoln Marx Contributor address; City; State; Zip Code 2822 Lincoln Park Ave Los Angeles, CA 90031	Amount of contribution (\$) 2.50
Principal occupation / Job title (See instructions) Health Management Consultant		Employer (See instructions) State of California
Date 4/7/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) C Wiley Contributor address; City; State; Zip Code PO Box 267 Acworth, GA 30101	Amount of contribution (\$) 3.34
Principal occupation / Job title (See instructions) Data Center Engineer		Employer (See instructions) BCS
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

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

3 Filer ID (Ethics Commission Filers)

4 Date
4/7/2021

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

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

6 Contributor address; City; State; Zip Code
**19 vivian lane
Closter, NJ 07624**

8 Principal occupation / Job title (See instructions)
Psychologist

9 Employer (See instructions)
Self vj. W B

Date
4/7/2021

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

Amount of contribution (\$) **83.33**

Contributor address; City; State; Zip Code
**393 Montecillo Ct
Walnut Creek, CA 94595**

Principal occupation / Job title (See instructions)
Not Employed

Employer (See instructions)
Not Employed

Date
4/7/2021

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

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

Contributor address; City; State; Zip Code
**924 Pinnacle Ridge Rd
Haslet, TX 76052**

Principal occupation / Job title (See instructions)
Analyst

Employer (See instructions)
American Airlines

Date
4/7/2021

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

Amount of contribution (\$) **4.00**

Contributor address; City; State; Zip Code
**3586 Pelzer Ave
Montgomery, AL 36109-2810**

Principal occupation / Job title (See instructions)
USAF

Employer (See instructions)
USAF

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 83
2 FILER NAME Mrs Teri M Castillo		3 Filer ID (Ethics Commission Filers)
4 Date 4/7/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nathan Ebikwo 6 Contributor address; City; State; Zip Code 3254 winings lane Westfield, IN 46074	7 Amount of contribution (\$) 2.50
8 Principal occupation / Job title (See instructions) Tech		9 Employer (See instructions) Tech
Date 4/7/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) David Wroble Contributor address; City; State; Zip Code 3214 Plymouth Pointe Ln Missouri City, TX 77459	Amount of contribution (\$) 2.00
Principal occupation / Job title (See instructions) Not Employed		Employer (See instructions) Not Employed
Date 4/7/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Riley Metcalfe Contributor address; City; State; Zip Code 706 Lovera Blvd San Antonio, TX 78212	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) Teacher		Employer (See instructions) South San Antonio ISD
Date 4/7/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lois Wilson Contributor address; City; State; Zip Code 1201 Vallejo Ave Novato, CA 94945	Amount of contribution (\$) 3.33
Principal occupation / Job title (See instructions) Clerk		Employer (See instructions) Harvest market
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

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

3 Filer ID (Ethics Commission Filers)

4 Date
4/7/2021

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

7 Amount of contribution (\$)
1.00

6 Contributor address; City; State; Zip Code
**4811 N 17 Street
Lincoln, NE 68521**

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

9 Employer (See instructions)
Not Employed

Date
4/7/2021

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

Amount of contribution (\$)
3.33

Contributor address; City; State; Zip Code
**36 Tuckernuck Road
Centerville, MA 02632**

Principal occupation / Job title (See instructions)
Not Employed

Employer (See instructions)
Not Employed

Date
4/7/2021

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

Amount of contribution (\$)
5.00

Contributor address; City; State; Zip Code
**800 Country Place Dr #1209
Houston, TX 77079**

Principal occupation / Job title (See instructions)
Seeking employment

Employer (See instructions)
None

Date
4/7/2021

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

Amount of contribution (\$)
1.67

Contributor address; City; State; Zip Code
**402 N Behrend
Farmington, NM 87401**

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 83
2 FILER NAME Mrs Teri M Castillo		3 Filer ID (Ethics Commission Filers)
4 Date 4/7/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) DAra Reynolds 6 Contributor address; City; State; Zip Code 1825 Rapier Dr Henderson, NV 89014	7 Amount of contribution (\$) 1.00
8 Principal occupation / Job title (See instructions) Customer service		9 Employer (See instructions) Sitel
Date 4/7/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Shelagh Matheny Contributor address; City; State; Zip Code 8631 Martins creek rd Roanoke, VA 24018	Amount of contribution (\$) 12.50
Principal occupation / Job title (See instructions) Account Manager		Employer (See instructions) Marsh & McLennan
Date 4/7/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Elizabeth Vitale Contributor address; City; State; Zip Code 69 Timberwood Rd. West Hartford, CT 06117	Amount of contribution (\$) 8.33
Principal occupation / Job title (See instructions) Psychologist		Employer (See instructions) Psychotherapy Partners LLC
Date 4/7/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ursula Korneitchouk Contributor address; City; State; Zip Code 1890 E. 107th St. Apt. 1103 Cleveland, OH 44106	Amount of contribution (\$) 4.17
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:
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2 FILER NAME
Mrs Teri M Castillo

3 Filer ID (Ethics Commission Filers)

4 Date
4/7/2021

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

7 Amount of contribution (\$)
27.00

Contributor address; City; State; Zip Code
7243 Flaming Forest
San Antonio, TX 78250

8 Principal occupation / Job title (See instructions)
Lawyer

9 Employer (See instructions)
American Gateways

Date
4/7/2021

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

Amount of contribution (\$)
6.67

Contributor address; City; State; Zip Code
46 NATICK STREET
LUNENBURG, MA 01462

Principal occupation / Job title (See instructions)
Talent Acquisition/Sourcer

Employer (See instructions)
Imperial Distributors Inc.

Date
4/7/2021

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

Amount of contribution (\$)
4.17

Contributor address; City; State; Zip Code
10 W 135th St. # 2C
New York, NY 10037

Principal occupation / Job title (See instructions)
Not employed

Employer (See instructions)
Not employed

Date
4/7/2021

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

Amount of contribution (\$)
16.67

Contributor address; City; State; Zip Code
1975 SE Crystal Lake Dr
Corvallis, OR 97333

Principal occupation / Job title (See instructions)
social worker

Employer (See instructions)
self

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 13 of 83
2 FILER NAME Mrs Teri M Castillo		3 Filer ID (Ethics Commission Filers)
4 Date 4/7/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Abiel Rodriguez 6 Contributor address; City; State; Zip Code 803 Eleanor Ave #A San Antonio, TX 78209	7 Amount of contribution (\$) 27.00
8 Principal occupation / Job title (See instructions) San Antonio Public Library		9 Employer (See instructions) Not Employed
Date 4/7/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) John Alvarez Contributor address; City; State; Zip Code 6431 Brookway Drive San Antonio, TX 78240	Amount of contribution (\$) 47.00
Principal occupation / Job title (See instructions) Coordinator		Employer (See instructions) Zachry Group
Date 4/7/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) James Long Contributor address; City; State; Zip Code 2508 Tampico Street San Antonio, TX 78207	Amount of contribution (\$) 17.00
Principal occupation / Job title (See instructions) Teacher		Employer (See instructions) SAISD
Date 4/7/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) James Courtney Contributor address; City; State; Zip Code 707 W Russell Pl San Antonio, TX 78212-3662	Amount of contribution (\$) 15.00
Principal occupation / Job title (See instructions) Teacher		Employer (See instructions) Incarnate Word University
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

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2 FILER NAME
Mrs Teri M Castillo

3 Filer ID (Ethics Commission Filers)

4 Date
4/7/2021

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

7 Amount of contribution (\$)
67.00

6 Contributor address; City; State; Zip Code
**411 Barrett place
san antonjo, TX 78225**

8 Principal occupation / Job title (See instructions)
Recruitment

9 Employer (See instructions)
Cherokee Nation

Date
4/7/2021

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

Amount of contribution (\$)
4.00

Contributor address; City; State; Zip Code
**9252 premier way
Sacramento, CA 95826**

Principal occupation / Job title (See instructions)
Not employed

Employer (See instructions)
Not employed

Date
4/7/2021

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

Amount of contribution (\$)
2.50

Contributor address; City; State; Zip Code
**106 Oliphant Lane
Mount Laurel, NJ 08054**

Principal occupation / Job title (See instructions)
Not Employed

Employer (See instructions)
Not Employed

Date
4/7/2021

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

Amount of contribution (\$)
4.17

Contributor address; City; State; Zip Code
**916 Ashford Court
Brentwood, TN 37027**

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: 15 of 83
2 FILER NAME Mrs Teri M Castillo		3 Filer ID (Ethics Commission Filers)
4 Date 4/7/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Shacole Allen 6 Contributor address; City; State; Zip Code 216 Prairie Dr North Babylon, NY 11703	7 Amount of contribution (\$) 3.34
8 Principal occupation / Job title (See instructions) Administrator		9 Employer (See instructions) LIDDSO
Date 4/7/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Susan Pastin Contributor address; City; State; Zip Code 1340 W Touhy #405 Chicago, IL 60602	Amount of contribution (\$) 5.00
Principal occupation / Job title (See instructions) Not Employed		Employer (See instructions) Not Employed
Date 4/7/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rebecca Cantrell Contributor address; City; State; Zip Code 17 Ruger Court Jasper, GA 30143-3260	Amount of contribution (\$) 4.16
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) none
Date 4/7/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Orion Peterson Contributor address; City; State; Zip Code 9863 N Homestead Rd Stillman Valley, IL 61084	Amount of contribution (\$) 1.66
Principal occupation / Job title (See instructions) Graduate Biology Research Assistant		Employer (See instructions) Missouri State University
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 16 of 83
2 FILER NAME Mrs Teri M Castillo		3 Filer ID (Ethics Commission Filers)
4 Date 4/7/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tinaka Thomas 6 Contributor address; City; State; Zip Code 29240 Philadelphia Dr Chesterfield, MI 48051	7 Amount of contribution (\$) 4.17
8 Principal occupation / Job title (See instructions) RN Clinical Director		9 Employer (See instructions) The Karring Group
Date 4/7/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Marvin Williams Contributor address; City; State; Zip Code 7915 The Lakes Pt Fairburn, GA 30213	Amount of contribution (\$) 5.00
Principal occupation / Job title (See instructions) Not Employed		Employer (See instructions) Not Employed
Date 4/7/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Carol Nelson Contributor address; City; State; Zip Code 427 MILLER CREEK RD. SAN RAFAEL, CA 94903	Amount of contribution (\$) 8.16
Principal occupation / Job title (See instructions) Not Employed		Employer (See instructions) Not Employed
Date 4/7/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Vickie Simpson Contributor address; City; State; Zip Code 585 Juneau Dr SE Salem, OR 97302	Amount of contribution (\$) 4.17
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.

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2 FILER NAME
Mrs Teri M Castillo

3 Filer ID (Ethics Commission Filers)

4 Date
4/7/2021

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

7 Amount of contribution (\$)
3.34

6 Contributor address; City; State; Zip Code
**104 Benton Dr
BOERNE, TX 78006**

8 Principal occupation / Job title (See instructions)
Court Reporter

9 Employer (See instructions)
Self-employed

Date
4/7/2021

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

Amount of contribution (\$)
1.00

Contributor address; City; State; Zip Code
**25468 Lehigh St
Dearborn Heights, MI 48125**

Principal occupation / Job title (See instructions)
Not Employed

Employer (See instructions)
Not Employed

Date
4/7/2021

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

Amount of contribution (\$)
3.33

Contributor address; City; State; Zip Code
**100 gray avenue
Syracuse, NY 13203**

Principal occupation / Job title (See instructions)
Not employed

Employer (See instructions)
Not employed

Date
4/7/2021

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

Amount of contribution (\$)
3.34

Contributor address; City; State; Zip Code
**180 Andesite Trail
Buda, TX 78610**

Principal occupation / Job title (See instructions)
Physician

Employer (See instructions)
DOD

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SCHEDULE **A1**

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2 FILER NAME Mrs Teri M Castillo		3 Filer ID (Ethics Commission Filers)
4 Date 4/7/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Leila Ayachi 6 Contributor address; City; State; Zip Code 2907 Pine Forrest Street La Marque, TX 77568	7 Amount of contribution (\$) 2.00
8 Principal occupation / Job title (See instructions) Health Coach		9 Employer (See instructions) Self
Date 4/7/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rachel Gomez Contributor address; City; State; Zip Code 5510 Castle Knight San Antonio, TX 78218	Amount of contribution (\$) 3.33
Principal occupation / Job title (See instructions) Education Technology		Employer (See instructions) CASE
Date 4/7/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Carol Quiroga Contributor address; City; State; Zip Code 14579 Shadow Wood Lane Delray Beach, FL 33484	Amount of contribution (\$) 3.33
Principal occupation / Job title (See instructions) education		Employer (See instructions) self
Date 4/7/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jennifer Giddings Contributor address; City; State; Zip Code 40 Beloit Ave Audubon, NJ 08106	Amount of contribution (\$) 4.16
Principal occupation / Job title (See instructions) Nurse Practitioner		Employer (See instructions) UPHS
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 19 of 83
2 FILER NAME Mrs Teri M Castillo		3 Filer ID (Ethics Commission Filers)
4 Date 4/7/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Maria Winkler 6 Contributor address; City; State; Zip Code 3812 evanston ave n Seattle, WA 98103	7 Amount of contribution (\$) 3.34
8 Principal occupation / Job title (See instructions) Noxious Weed Specialist		9 Employer (See instructions) King County DNR
Date 4/7/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Leslie Rolnick Contributor address; City; State; Zip Code 4 Millstream Rd Woodstock, NY 12498	Amount of contribution (\$) 8.33
Principal occupation / Job title (See instructions) Not Employed		Employer (See instructions) Not Employed
Date 4/7/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jan Spencer Contributor address; City; State; Zip Code PO Box 927 St helena, SC 29920	Amount of contribution (\$) 4.17
Principal occupation / Job title (See instructions) Not Employed		Employer (See instructions) Not Employed
Date 4/7/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Alaina McMurtry Contributor address; City; State; Zip Code 1450 Shaman Dr. Bolingbrook, IL 60490	Amount of contribution (\$) 2.50
Principal occupation / Job title (See instructions) self employed		Employer (See instructions) none
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 20 of 83
2 FILER NAME Mrs Teri M Castillo		3 Filer ID (Ethics Commission Filers)
4 Date 4/7/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mariah Palmer 6 Contributor address; City; State; Zip Code 2769 Granada dr apt 3B Jackson, MI 49202	7 Amount of contribution (\$) 1.00
8 Principal occupation / Job title (See instructions) Supervisor		9 Employer (See instructions) St louis center
Date 4/8/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Theresa Gibson Contributor address; City; State; Zip Code 8729 Robindell Dr Houston, TX 77074	Amount of contribution (\$) 10.00
Principal occupation / Job title (See instructions) Business Manager		Employer (See instructions) Royal Imaging Services LLC
Date 4/8/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Joseph Contardo Contributor address; City; State; Zip Code 700 Washington St Apt 709 Denver, CO 80203	Amount of contribution (\$) 2.50
Principal occupation / Job title (See instructions) Retired Medical Social Worker		Employer (See instructions) None
Date 4/8/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Elizabeth Sheppard Contributor address; City; State; Zip Code 2007 SE Bybee Blvd. Portland, OR 97202-5734	Amount of contribution (\$) 4.17
Principal occupation / Job title (See instructions) Not Employed		Employer (See instructions) Not Employed
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SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 21 of 83
2 FILER NAME Mrs Teri M Castillo		3 Filer ID (Ethics Commission Filers)
4 Date 4/8/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ariel Hegedus 6 Contributor address; City; State; Zip Code 2109 reservoir st Los Angeles, CA 90026	7 Amount of contribution (\$) 3.33
8 Principal occupation / Job title (See instructions) Speech therapist		9 Employer (See instructions) Villa esperanza services
Date 4/8/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Christina Cullen Contributor address; City; State; Zip Code 402 10th Street Sparks, NV 89431	Amount of contribution (\$) 4.17
Principal occupation / Job title (See instructions) Administrative		Employer (See instructions) Non-profit
Date 4/8/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Shauna Gonzalez Contributor address; City; State; Zip Code 955 South Lake Summit Dr. Anaheim Hills, CA 92807	Amount of contribution (\$) 4.17
Principal occupation / Job title (See instructions) Credentialing Specialist		Employer (See instructions) Gemini Diversifed Services
Date 4/8/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) William L Whitson Contributor address; City; State; Zip Code 1650 Spruce St Berkeley, CA 94709	Amount of contribution (\$) 8.33
Principal occupation / Job title (See instructions) Not Employed		Employer (See instructions) Not Employed
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SCHEDULE **A1**

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2 FILER NAME
Mrs Teri M Castillo

3 Filer ID (Ethics Commission Filers)

4 Date
4/8/2021

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

7 Amount of contribution (\$)
1.00

6 Contributor address; City; State; Zip Code
**317 Spaniards Neck Rd
Centreville, MD 21617**

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

9 Employer (See instructions)
Not Employed

Date
4/8/2021

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

Amount of contribution (\$)
20.00

Contributor address; City; State; Zip Code
**1800 Links Blvd 6412
Tuscaloosa, AL 35405**

Principal occupation / Job title (See instructions)
Learning & Development Mgr

Employer (See instructions)
Alabama One Credit Union

Date
4/8/2021

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

Amount of contribution (\$)
2.50

Contributor address; City; State; Zip Code
**1310 President St
Brooklyn, NY 11213**

Principal occupation / Job title (See instructions)
Manager Global Business Affairs

Employer (See instructions)
Disney Publishing Worldwide

Date
4/8/2021

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

Amount of contribution (\$)
4.00

Contributor address; City; State; Zip Code
**928 E 49 44198
Austin, TX 79751**

Principal occupation / Job title (See instructions)
Educator

Employer (See instructions)
Univesity of Texas

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 23 of 83
2 FILER NAME Mrs Teri M Castillo		3 Filer ID (Ethics Commission Filers)
4 Date 4/8/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Patricia Hendrick 6 Contributor address; City; State; Zip Code 6255 Bayfield Lane Conway, SC 29527	7 Amount of contribution (\$) 5.00
8 Principal occupation / Job title (See instructions) Not Employed		9 Employer (See instructions) Not Employed
Date 4/8/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gabriele Kendall Contributor address; City; State; Zip Code 5717 Shropshire Court Alexandria, VA 22315	Amount of contribution (\$) 2.50
Principal occupation / Job title (See instructions) Not Employed		Employer (See instructions) Not Employed
Date 4/8/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Alarie Fleming Contributor address; City; State; Zip Code 3228 Trinity Road Harrisburg, PA 17109	Amount of contribution (\$) 3.33
Principal occupation / Job title (See instructions) Not Employed		Employer (See instructions) Not Employed
Date 4/8/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jascha Narveson Contributor address; City; State; Zip Code 318 Warren St Apt A3 Brooklyn, NY 11201	Amount of contribution (\$) 4.17
Principal occupation / Job title (See instructions) Teacher		Employer (See instructions) Saint Anns School
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 24 of 83
2 FILER NAME Mrs Teri M Castillo		3 Filer ID (Ethics Commission Filers)
4 Date 4/8/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Emily Herzog 6 Contributor address; City; State; Zip Code 22 saint marks New york, NY 10003	7 Amount of contribution (\$) 3.33
8 Principal occupation / Job title (See instructions) Juice bar		9 Employer (See instructions) Om juice
Date 4/8/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Thomas Wright Contributor address; City; State; Zip Code 651 Oakland Avenue Unit 1A Oakland, CA 94611	Amount of contribution (\$) 1.67
Principal occupation / Job title (See instructions) Union Rep		Employer (See instructions) SEIU
Date 4/8/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ryan Washington Contributor address; City; State; Zip Code 12303 Serenity Farm San Antonio, TX 78249	Amount of contribution (\$) 2.33
Principal occupation / Job title (See instructions) Not Employed		Employer (See instructions) Not Employed
Date 4/8/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Alejandra Lopez Contributor address; City; State; Zip Code 118 Arlington Ct. San Antonio, TX 78210	Amount of contribution (\$) 400.00
Principal occupation / Job title (See instructions) Teacher		Employer (See instructions) San Antonio Ind. School District
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

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2 FILER NAME
Mrs Teri M Castillo

3 Filer ID (Ethics Commission Filers)

4 Date
4/8/2021

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

7 Amount of contribution (\$)
4.16

6 Contributor address; City; State; Zip Code
**335 Center Rd Apt 5D
Vernon, CT 06066**

8 Principal occupation / Job title (See instructions)
Phone operator

9 Employer (See instructions)
Edwards Answering Service

Date
4/9/2021

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

Amount of contribution (\$)
27.00

Contributor address; City; State; Zip Code
**351 Brighton Ave apt 340
San Francisco, CA 94112**

Principal occupation / Job title (See instructions)
Software Engineer

Employer (See instructions)
Uber

Date
4/9/2021

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

Amount of contribution (\$)
2.50

Contributor address; City; State; Zip Code
**12 Wooded Ridge Dr
Amelia, OH 45102**

Principal occupation / Job title (See instructions)
Daycare teacher

Employer (See instructions)
KinderCare Learning Centers

Date
4/10/2021

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

Amount of contribution (\$)
1.00

Contributor address; City; State; Zip Code
**PO Box 99513
Emeryville, CA 94662**

Principal occupation / Job title (See instructions)
Education

Employer (See instructions)
CA School District

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SCHEDULE **A1**

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

3 Filer ID (Ethics Commission Filers)

4 Date
4/12/2021

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

7 Amount of contribution (\$)
5.00

6 Contributor address; City; State; Zip Code
**28 Emily Rd
New Haven, CT 06513-1716**

8 Principal occupation / Job title (See instructions)
Web Developer

9 Employer (See instructions)
Build your Firm

Date
4/12/2021

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

Amount of contribution (\$)
67.00

Contributor address; City; State; Zip Code
**110 Birch Creek Terrace
Pleasanton, CA 94566**

Principal occupation / Job title (See instructions)
Backend Engineer

Employer (See instructions)
MGM Resorts Intl

Date
4/12/2021

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

Amount of contribution (\$)
200.00

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

Principal occupation / Job title (See instructions)
Data analyst

Employer (See instructions)
META

Date
4/12/2021

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

Amount of contribution (\$)
17.00

Contributor address; City; State; Zip Code
**3311 Meadow Dr
San Antonio, TX 78251-1606**

Principal occupation / Job title (See instructions)
Deputy Field Organizer

Employer (See instructions)
Texas Freedom Network

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 27 of 83
2 FILER NAME Mrs Teri M Castillo		3 Filer ID (Ethics Commission Filers)
4 Date 4/13/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Eliseo Iglesias 6 Contributor address; City; State; Zip Code 5503 Research Dr Apt 4106 San Antonio, TX 78240	7 Amount of contribution (\$) 27.00
8 Principal occupation / Job title (See instructions) adjunct professor		9 Employer (See instructions) University
Date 4/13/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Eedy Nicholson Contributor address; City; State; Zip Code 4600 Peek Trail #219 Chesapeake, VA 23321	Amount of contribution (\$) 5.00
Principal occupation / Job title (See instructions) Not Employed		Employer (See instructions) Not Employed
Date 4/13/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cha quan Wilder Contributor address; City; State; Zip Code 2723 Duvall Ridge Road Greater Landover, MD 20785	Amount of contribution (\$) 16.67
Principal occupation / Job title (See instructions) Not Employed		Employer (See instructions) Not Employed
Date 4/13/2021	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 (\$) 50.00
Principal occupation / Job title (See instructions) Community organizer		Employer (See instructions) Self-employed
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 28 of 83
2 FILER NAME Mrs Teri M Castillo		3 Filer ID (Ethics Commission Filers)
4 Date 4/13/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Michael Sowinski 6 Contributor address; City; State; Zip Code 192 Mary Ct. Bridgewater, NJ 08807	7 Amount of contribution (\$) 3.33
8 Principal occupation / Job title (See instructions) Physical therapist		9 Employer (See instructions) Arrow PTR
Date 4/14/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Leah Nahmias Contributor address; City; State; Zip Code 1221 N. New Jersey Indianapolis, IN 46202	Amount of contribution (\$) 6.25
Principal occupation / Job title (See instructions) Not Employed		Employer (See instructions) Not Employed
Date 4/14/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) maura cowley Contributor address; City; State; Zip Code 121 Thomas St NW 121-1 Washington, DC 20001	Amount of contribution (\$) 12.50
Principal occupation / Job title (See instructions) campaign director		Employer (See instructions) sierra club
Date 4/14/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rebecca Halbrook Contributor address; City; State; Zip Code 190 U.S. Route 1 PMB 256 Falmouth, ME 04105	Amount of contribution (\$) 31.25
Principal occupation / Job title (See instructions) Not Employed		Employer (See instructions) Not Employed
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2 FILER NAME Mrs Teri M Castillo		3 Filer ID (Ethics Commission Filers)
4 Date 4/14/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jason Katz-Brown 6 Contributor address; City; State; Zip Code 20 BELVEDERE AVENUE POINT RICHMOND, CA 94801	7 Amount of contribution (\$) 31.25
8 Principal occupation / Job title (See instructions) CTO		9 Employer (See instructions) Data for Progress
Date 4/14/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Whit Jones Contributor address; City; State; Zip Code 105 Brackett Street Apt 2 Portland, ME 04102	Amount of contribution (\$) 12.50
Principal occupation / Job title (See instructions) Community Organizer		Employer (See instructions) Lead Locally
Date 4/14/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Teddy Smyth Contributor address; City; State; Zip Code 619 Scotts Way Augusta, GA 30909	Amount of contribution (\$) 6.25
Principal occupation / Job title (See instructions) Not Employed		Employer (See instructions) Not Employed
Date 4/14/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Teddy Morris-Knowler Contributor address; City; State; Zip Code 227 Ridgedale Road Ithaca, NY 14850	Amount of contribution (\$) 12.50
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: 30 of 83
2 FILER NAME Mrs Teri M Castillo		3 Filer ID (Ethics Commission Filers)
4 Date 4/14/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) April Atkinson 6 Contributor address; City; State; Zip Code 207 SW 25th Street San Antonio, TX 78207	7 Amount of contribution (\$) 17.00
8 Principal occupation / Job title (See instructions) Not Employed		9 Employer (See instructions) Not Employed
Date 4/14/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Devyn Powell Contributor address; City; State; Zip Code 1826 Harvard St NW Apt #102 Washington, DC 20009	Amount of contribution (\$) 3.13
Principal occupation / Job title (See instructions) Policy Fellow		Employer (See instructions) Evergreen Action
Date 4/14/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Michael Chang Contributor address; City; State; Zip Code 375 Fontanelle Drive San Jose, CA 95111	Amount of contribution (\$) 6.25
Principal occupation / Job title (See instructions) Not Employed		Employer (See instructions) Not Employed
Date 4/15/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brandon Trevino Contributor address; City; State; Zip Code 6710 babcock rd 1025 san antonio, TX 78249	Amount of contribution (\$) 20.00
Principal occupation / Job title (See instructions) Instructor		Employer (See instructions) Alamo Colleges District
<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: 31 of 83
2 FILER NAME Mrs Teri M Castillo		3 Filer ID (Ethics Commission Filers)
4 Date 4/15/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jacquelyn Gordon 6 Contributor address; City; State; Zip Code 2419 Fitlers Walk Philadelphia, PA 19103	7 Amount of contribution (\$) 16.67
8 Principal occupation / Job title (See instructions) Attorney		9 Employer (See instructions) Stradley Ronon
Date 4/15/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Amy Dudzinski Contributor address; City; State; Zip Code 5617 Treese The Colony, TX 75056	Amount of contribution (\$) 10.00
Principal occupation / Job title (See instructions) Retail Manager		Employer (See instructions) Crocs
Date 4/15/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Monica Reaser Contributor address; City; State; Zip Code 12290 S Walnut St Olathe, KS 66061	Amount of contribution (\$) 5.00
Principal occupation / Job title (See instructions) Assist		Employer (See instructions) EA
Date 4/15/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Marnie Northrop Contributor address; City; State; Zip Code 308 Raymond St Ojai, CA 93023	Amount of contribution (\$) 5.00
Principal occupation / Job title (See instructions) Consultant		Employer (See instructions) WF
<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

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2 FILER NAME Mrs Teri M Castillo		3 Filer ID (Ethics Commission Filers)
4 Date 4/15/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Damion Heron 6 Contributor address; City; State; Zip Code 817 West Superior Street Chicago, IL 60642	7 Amount of contribution (\$) 2.50
8 Principal occupation / Job title (See instructions) Community Relations Officer		9 Employer (See instructions) JPMC
Date 4/15/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Andrew Brugnone Contributor address; City; State; Zip Code 4000 conifer court apt 105 Wexford, PA 15090	Amount of contribution (\$) 1.00
Principal occupation / Job title (See instructions) Planner		Employer (See instructions) DICKâ€™S sporting goods
Date 4/15/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jane Stokes Contributor address; City; State; Zip Code 108 Madison Drive Lewes, DE 19958	Amount of contribution (\$) 5.00
Principal occupation / Job title (See instructions) Not Employed		Employer (See instructions) Not Employed
Date 4/15/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rich Juin Contributor address; City; State; Zip Code 3378 W Goldmine Mt Cove Queen Creek, AZ 85142	Amount of contribution (\$) 1.67
Principal occupation / Job title (See instructions) Cadet		Employer (See instructions) Army
<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>		

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2 FILER NAME
Mrs Teri M Castillo

3 Filer ID (Ethics Commission Filers)

4 Date
4/15/2021

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

7 Amount of contribution (\$)
2.50

6 Contributor address; City; State; Zip Code
**14337 SW 155th Ct
Miami, FL 33196**

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

9 Employer (See instructions)
Not Employed

Date
4/15/2021

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

Amount of contribution (\$)
3.33

Contributor address; City; State; Zip Code
**6353 Fitchett Street
Rego Park, NY 11374**

Principal occupation / Job title (See instructions)
Not Employed

Employer (See instructions)
Not Employed

Date
4/15/2021

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

Amount of contribution (\$)
1.00

Contributor address; City; State; Zip Code
**392 Central Park West Apt. 20L
New York, NY 10025**

Principal occupation / Job title (See instructions)
Therapist

Employer (See instructions)
Self

Date
4/15/2021

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

Amount of contribution (\$)
5.00

Contributor address; City; State; Zip Code
**2921 Antioch Road
Perry, OH 44081**

Principal occupation / Job title (See instructions)
Adjunct Spanish Instructor

Employer (See instructions)
Lake-Sumter State College

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2 FILER NAME
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4 Date
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5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Bari Shamas

7 Amount of contribution (\$)
16.67

6 Contributor address; City; State; Zip Code
**257 Kim Hubbard Rd
Putney, VT 05346**

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

9 Employer (See instructions)
Not Employed

Date
4/15/2021

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

Amount of contribution (\$)
3.34

Contributor address; City; State; Zip Code
**1025 NW 36th Ave
Gainesville, FL 32609**

Principal occupation / Job title (See instructions)
Not Employed

Employer (See instructions)
Not Employed

Date
4/15/2021

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

Amount of contribution (\$)
8.33

Contributor address; City; State; Zip Code
**23081 Red Admiral Pl
Ashburn, VA 20148**

Principal occupation / Job title (See instructions)
Data Science

Employer (See instructions)
Harmony Integration LLC

Date
4/15/2021

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

Amount of contribution (\$)
1.00

Contributor address; City; State; Zip Code
**926 21st Ave
SEATTLE, WA 98122**

Principal occupation / Job title (See instructions)
Marketing

Employer (See instructions)
Myotronics

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 35 of 83
2 FILER NAME Mrs Teri M Castillo		3 Filer ID (Ethics Commission Filers)
4 Date 4/15/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Eric Damhorst 6 Contributor address; City; State; Zip Code 3355 Oak Hill Avenue St. Louis, MO 63116	7 Amount of contribution (\$) 2.50
8 Principal occupation / Job title (See instructions) Product Appraiser		9 Employer (See instructions) DJ Records
Date 4/15/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) David Boyle Contributor address; City; State; Zip Code 511 Harrison Street San Francisco, CA 94106	Amount of contribution (\$) 8.33
Principal occupation / Job title (See instructions) Business Owner		Employer (See instructions) TERRA SF
Date 4/15/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lord Barrington Contributor address; City; State; Zip Code 10541 National blvd 15 Los Angeles, CA 90034	Amount of contribution (\$) 1.00
Principal occupation / Job title (See instructions) Restaurant owner		Employer (See instructions) FISHBONE seafood
Date 4/15/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Angela Semexant Contributor address; City; State; Zip Code 5503 Bowman Drive Winter Garden, FL 34787	Amount of contribution (\$) 16.67
Principal occupation / Job title (See instructions) Owner		Employer (See instructions) Pearl Suite Boutique
<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>		

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2 FILER NAME
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3 Filer ID (Ethics Commission Filers)

4 Date
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5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Jocelyn Hanc

7 Amount of contribution (\$)
2.50

6 Contributor address; City; State; Zip Code
**761 S. Ogden Dr.
Los Angeles, CA 90036**

8 Principal occupation / Job title (See instructions)
Operations

9 Employer (See instructions)
Generation.XYZ LLC

Date
4/15/2021

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

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**6210 Southridge Parkway
Parker, TX 75002**

Principal occupation / Job title (See instructions)
Mom

Employer (See instructions)
Mom

Date
4/15/2021

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

Amount of contribution (\$)
8.33

Contributor address; City; State; Zip Code
**105 Lincoln Rd apt 1M
Brooklyn, NY 11225**

Principal occupation / Job title (See instructions)
Music Consultant

Employer (See instructions)
St. Lukes School

Date
4/15/2021

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

Amount of contribution (\$)
5.00

Contributor address; City; State; Zip Code
**812 Emerald Bay
Laguna Beach, CA 92651**

Principal occupation / Job title (See instructions)
Not Employed

Employer (See instructions)
Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 37 of 83
2 FILER NAME Mrs Teri M Castillo		3 Filer ID (Ethics Commission Filers)
4 Date 4/15/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) christina gaillard 6 Contributor address; City; State; Zip Code 6519 Elgin at Los Angeles, CA 90042	7 Amount of contribution (\$) 4.17
8 Principal occupation / Job title (See instructions) Composer		9 Employer (See instructions) Self employed
Date 4/15/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Andrea Lindborg Contributor address; City; State; Zip Code 4336 Lipine Pl Kailua Kona, HI 96740	Amount of contribution (\$) 3.33
Principal occupation / Job title (See instructions) musician		Employer (See instructions) sefl
Date 4/15/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Heather Podoll Contributor address; City; State; Zip Code PO Box 207 San Geronimo, CA 94963	Amount of contribution (\$) 8.33
Principal occupation / Job title (See instructions) Program manager		Employer (See instructions) Fibershed
Date 4/15/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tanea Swedenburg Contributor address; City; State; Zip Code 3901 Conshohocken Ave Apt 5414 Greenbriar Club Philadelphia, PA 19131-5422	Amount of contribution (\$) 3.34
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>		

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 38 of 83
2 FILER NAME Mrs Teri M Castillo		3 Filer ID (Ethics Commission Filers)
4 Date 4/15/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ruben Urias 6 Contributor address; City; State; Zip Code 12 Shannon St. Apt. 2 Brighton, MA 02135	7 Amount of contribution (\$) 1.00
8 Principal occupation / Job title (See instructions) Butcher		9 Employer (See instructions) Eataly
Date 4/15/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tina Beckstrom Contributor address; City; State; Zip Code 109 S Ferry St Monroe, WA 98272	Amount of contribution (\$) 16.67
Principal occupation / Job title (See instructions) DMO normally sales but current recovery focus		Employer (See instructions) County Parks Rac Tourism
Date 4/15/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dorothy Walker Contributor address; City; State; Zip Code 2895 Chanterelle Cove Crestview, FL 32539	Amount of contribution (\$) 4.50
Principal occupation / Job title (See instructions) Healthcare Administration		Employer (See instructions) US Army
Date 4/15/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kendra Dodsworth Contributor address; City; State; Zip Code 130 Fairlawn Drive Berkeley, CA 94708	Amount of contribution (\$) 3.33
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>		

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SCHEDULE **A1**

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2 FILER NAME
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3 Filer ID (Ethics Commission Filers)

4 Date
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5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Trina Westerlund

7 Amount of contribution (\$)
3.00

6 Contributor address; City; State; Zip Code
**10101 SE 3rd St
Bellevue, WA 98004**

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

9 Employer (See instructions)
Not Employed

Date
4/15/2021

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

Amount of contribution (\$)
1.00

Contributor address; City; State; Zip Code
**1224 28th Avenue
Phenix city, AL 36869**

Principal occupation / Job title (See instructions)
Paralegal

Employer (See instructions)
Paralegal

Date
4/15/2021

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

Amount of contribution (\$)
5.00

Contributor address; City; State; Zip Code
**275 South Munger St
Middlebury, VT 05753**

Principal occupation / Job title (See instructions)
Not Employed

Employer (See instructions)
Not Employed

Date
4/15/2021

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

Amount of contribution (\$)
4.17

Contributor address; City; State; Zip Code
**133 Summit Ave. Apt. 21
Summit, NJ 07901**

Principal occupation / Job title (See instructions)
retired

Employer (See instructions)
none

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2 FILER NAME Mrs Teri M Castillo		3 Filer ID (Ethics Commission Filers)
4 Date 4/15/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lindsay Weitzel 6 Contributor address; City; State; Zip Code 2417 Hancock Street Apt 204 Los Angeles, CA 90031	7 Amount of contribution (\$) 1.00
8 Principal occupation / Job title (See instructions) Teacher		9 Employer (See instructions) LAUSD
Date 4/15/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jesse Davis Contributor address; City; State; Zip Code 3702 S Hudson St 202 Seattle, WA 98118	Amount of contribution (\$) 1.00
Principal occupation / Job title (See instructions) Architect		Employer (See instructions) Johnston Architects
Date 4/15/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Neeley Searl Contributor address; City; State; Zip Code 2925 Broadway #101 San Diego, CA 92102	Amount of contribution (\$) 1.00
Principal occupation / Job title (See instructions) Not Employed		Employer (See instructions) Not Employed
Date 4/15/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Diane Flood Taylor Contributor address; City; State; Zip Code 38 OLIPHANT AVE Apt #2 Dobbs Ferry, NY 10522	Amount of contribution (\$) 1.00
Principal occupation / Job title (See instructions) Attorney		Employer (See instructions) Self employed
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 41 of 83
2 FILER NAME Mrs Teri M Castillo		3 Filer ID (Ethics Commission Filers)
4 Date 4/15/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Christina Jackson 6 Contributor address; City; State; Zip Code 261 Park Ave A Long Beach, CA 90803	7 Amount of contribution (\$) 3.33
8 Principal occupation / Job title (See instructions) Not Employed		9 Employer (See instructions) Not Employed
Date 4/15/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Amy Meyer Contributor address; City; State; Zip Code 1086 President St Apt 2 Brooklyn, NY 11225	Amount of contribution (\$) 3.33
Principal occupation / Job title (See instructions) Facilities Manager		Employer (See instructions) Shutterstock
Date 4/15/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nia Alexandre Contributor address; City; State; Zip Code 6252 W Port Ave Milwaukee, WI 53223	Amount of contribution (\$) 2.50
Principal occupation / Job title (See instructions) Not Employed		Employer (See instructions) Not Employed
Date 4/15/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Linda Henson Contributor address; City; State; Zip Code 1302 Elm Ave. Haddon Township, NJ 08107	Amount of contribution (\$) 1.67
Principal occupation / Job title (See instructions) Not Employed		Employer (See instructions) Not Employed
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2 FILER NAME
Mrs Teri M Castillo

3 Filer ID (Ethics Commission Filers)

4 Date
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5 Full name of contributor ☐ out-of-state PAC (ID# _____)
William Stidham

7 Amount of contribution (\$)
1.00

6 Contributor address; City; State; Zip Code
**1024 Duck Horn Dr
Richmond, KY 40475**

8 Principal occupation / Job title (See instructions)
Insurance specialist

9 Employer (See instructions)
Saint Joseph Hospital

Date
4/15/2021

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

Amount of contribution (\$)
1.00

Contributor address; City; State; Zip Code
**17 S Hancock St Apt 5
Madison, WI 53703**

Principal occupation / Job title (See instructions)
Custodian

Employer (See instructions)
City of Madison

Date
4/15/2021

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

Amount of contribution (\$)
1.66

Contributor address; City; State; Zip Code
**746 S Coral Tree Dr
West Covina, CA 91791**

Principal occupation / Job title (See instructions)
Finance

Employer (See instructions)
Not employed

Date
4/15/2021

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

Amount of contribution (\$)
3.33

Contributor address; City; State; Zip Code
**2261 29th St
Santa Monica, CA 90405**

Principal occupation / Job title (See instructions)
Holistic Health Practitioner

Employer (See instructions)
Self

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2 FILER NAME Mrs Teri M Castillo		3 Filer ID (Ethics Commission Filers)
4 Date 4/15/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Priscilla Wise 6 Contributor address; City; State; Zip Code 1725 NW 97 STREET GAINESVILLE, FL 32606	7 Amount of contribution (\$) 1.67
8 Principal occupation / Job title (See instructions) Consultant		9 Employer (See instructions) Self
Date 4/15/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) John Jones Contributor address; City; State; Zip Code 229 Peachtree Hills Ave. Unit 20 Atlanta, GA 30305	Amount of contribution (\$) 8.34
Principal occupation / Job title (See instructions) Lawyer		Employer (See instructions) Wallace & Morrison
Date 4/15/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) David Wargin Contributor address; City; State; Zip Code 3109 W Juneau Ave MILWAUKEE, WI 53208	Amount of contribution (\$) 3.34
Principal occupation / Job title (See instructions) Financial Adviser		Employer (See instructions) Liberty Financial Group Inc.
Date 4/15/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) H. Waitkevicz Contributor address; City; State; Zip Code 2600 North Flagler Dr 207 West Palm Beach, FL 33407	Amount of contribution (\$) 6.25
Principal occupation / Job title (See instructions) Physician		Employer (See instructions) Presidential Womens Center
<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>		

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2 FILER NAME
Mrs Teri M Castillo

3 Filer ID (Ethics Commission Filers)

4 Date
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5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Deborah Lyons

7 Amount of contribution (\$)
3.13

6 Contributor address; City; State; Zip Code
**419 West Union Street
West Chester, PA 19382**

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

9 Employer (See instructions)
Not Employed

Date
4/15/2021

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

Amount of contribution (\$)
4.50

Contributor address; City; State; Zip Code
**14 Blakey Rd
Underhill, VT 05489**

Principal occupation / Job title (See instructions)
Not Employed

Employer (See instructions)
Not Employed

Date
4/15/2021

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

Amount of contribution (\$)
4.17

Contributor address; City; State; Zip Code
**1110 S Carey St
Baltimore, MD 21223**

Principal occupation / Job title (See instructions)
self employed

Employer (See instructions)
Me

Date
4/15/2021

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

Amount of contribution (\$)
5.00

Contributor address; City; State; Zip Code
**675 Cranbury Cross Rd
North Brunswick Township, NJ 08902**

Principal occupation / Job title (See instructions)
Warranty Administrator

Employer (See instructions)
Open Road Auto Group

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

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2 FILER NAME
Mrs Teri M Castillo

3 Filer ID (Ethics Commission Filers)

4 Date
4/15/2021

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

7 Amount of contribution (\$)
2.50

6 Contributor address; City; State; Zip Code
**4323 N Damen Ave
Chicago, IL 60618**

8 Principal occupation / Job title (See instructions)
Sales Manager

9 Employer (See instructions)
Brooklyn Brewery

Date
4/15/2021

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

Amount of contribution (\$)
8.33

Contributor address; City; State; Zip Code
**2124 North 137th St
Seattle, WA 98133**

Principal occupation / Job title (See instructions)
lawyer

Employer (See instructions)
Bennett Bigelow & Leedom

Date
4/15/2021

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

Amount of contribution (\$)
1.00

Contributor address; City; State; Zip Code
**15627 Mountain Mist Trail
Houston, TX 77049**

Principal occupation / Job title (See instructions)
Paralegal

Employer (See instructions)
Rice University

Date
4/15/2021

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

Amount of contribution (\$)
3.33

Contributor address; City; State; Zip Code
**3368 Milburn Ave
Baldwin, NY 11510**

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: 46 of 83
2 FILER NAME Mrs Teri M Castillo		3 Filer ID (Ethics Commission Filers)
4 Date 4/15/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Emily Gannon 6 Contributor address; City; State; Zip Code 6322 Roselawn Court Dr Roanoke, VA 24018	7 Amount of contribution (\$) 1.00
8 Principal occupation / Job title (See instructions) Interior designer		9 Employer (See instructions) Emily Mangus interiors
Date 4/15/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nigeria Cole Contributor address; City; State; Zip Code PO Box 893 Cotati, CA 94931	Amount of contribution (\$) 1.00
Principal occupation / Job title (See instructions) Executive Assistant		Employer (See instructions) Family Support Services
Date 4/15/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Leora MOSSTON Contributor address; City; State; Zip Code 43 Froswick Ave South Portland, ME 04106-5333	Amount of contribution (\$) 1.67
Principal occupation / Job title (See instructions) Not Employed		Employer (See instructions) Not Employed
Date 4/15/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Anna Hanson Contributor address; City; State; Zip Code 7326 18th Ave NW Seattle, WA 98117	Amount of contribution (\$) 3.33
Principal occupation / Job title (See instructions) Development Coordinator		Employer (See instructions) NPH USA
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

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2 FILER NAME
Mrs Teri M Castillo

3 Filer ID (Ethics Commission Filers)

4 Date
4/15/2021

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

7 Amount of contribution (\$)
1.00

6 Contributor address; City; State; Zip Code
**PO Box 6309
Hayward, CA 94540**

8 Principal occupation / Job title (See instructions)
Document processor

9 Employer (See instructions)
PG&E

Date
4/15/2021

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

Amount of contribution (\$)
3.34

Contributor address; City; State; Zip Code
**25720 207th PI Se
Covington, WA 98042**

Principal occupation / Job title (See instructions)
Organizer

Employer (See instructions)
SEIU

Date
4/15/2021

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

Amount of contribution (\$)
5.00

Contributor address; City; State; Zip Code
**1763 Rosehill Road
Reynoldsburg, OH 43068**

Principal occupation / Job title (See instructions)
analyst

Employer (See instructions)
Fiserv

Date
4/15/2021

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

Amount of contribution (\$)
1.00

Contributor address; City; State; Zip Code
**1345 Martin Court APT 636
BETHLEHEM, PA 18018**

Principal occupation / Job title (See instructions)
Bus Operator

Employer (See instructions)
NYCTA

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SCHEDULE **A1**

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2 FILER NAME Mrs Teri M Castillo		3 Filer ID (Ethics Commission Filers)
4 Date 4/15/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Thomas Dean Sr 6 Contributor address; City; State; Zip Code 5333 Diaz Pl Jacksonville, FL 32210	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See instructions) Retired		9 Employer (See instructions)
Date 4/15/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mariah Palmer Contributor address; City; State; Zip Code 2769 Granada dr apt 3B Jackson, MI 49202	Amount of contribution (\$) 1.00
Principal occupation / Job title (See instructions) Supervisor		Employer (See instructions) St louis center
Date 4/15/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) W. Jefferson Holt Contributor address; City; State; Zip Code PO Box 1029 Carrboro, NC 27510	Amount of contribution (\$) 16.67
Principal occupation / Job title (See instructions) real estate investor		Employer (See instructions) self
Date 4/15/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Belinda Byars-Taylor Contributor address; City; State; Zip Code 6026 N.W. 33rd Street Gainesville, FL 32653	Amount of contribution (\$) 1.00
Principal occupation / Job title (See instructions) Not Employed		Employer (See instructions) Not Employed
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MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME Mrs Teri M Castillo		3 Filer ID (Ethics Commission Filers)
4 Date 4/15/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jean Plants 6 Contributor address; City; State; Zip Code 4706 SALTERFORTH PL ELLCOTT CITY, MD 21043	7 Amount of contribution (\$) 4.17
8 Principal occupation / Job title (See instructions) Not Employed		9 Employer (See instructions) Not Employed
Date 4/15/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Perla Silva Contributor address; City; State; Zip Code 1207 Laskey St Houston, TX 77034	Amount of contribution (\$) 1.00
Principal occupation / Job title (See instructions) Insurance Agent		Employer (See instructions) Freeway Insurance
Date 4/15/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sharon Wheeler Contributor address; City; State; Zip Code 5225 Pooks Hill Rd Bethesda, MD 20814	Amount of contribution (\$) 1.00
Principal occupation / Job title (See instructions) Not Employed		Employer (See instructions) Not Employed
Date 4/15/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) jennifer little Contributor address; City; State; Zip Code 268 Brunswick Street Rochester, NY 14607	Amount of contribution (\$) 20.00
Principal occupation / Job title (See instructions) Art teacher		Employer (See instructions) The Norman Howard school
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

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2 FILER NAME
Mrs Teri M Castillo

3 Filer ID (Ethics Commission Filers)

4 Date
4/15/2021

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Ellen E Barfield

7 Amount of contribution (\$)
5.00

6 Contributor address; City; State; Zip Code
**814 Powers St
Baltimore, MD 21211-2510**

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

9 Employer (See instructions)
Not Employed

Date
4/15/2021

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

Amount of contribution (\$)
2.00

Contributor address; City; State; Zip Code
**1901 Columbia Rd NW
Washington, DC 20009**

Principal occupation / Job title (See instructions)
Consultant

Employer (See instructions)
CBRE

Date
4/15/2021

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

Amount of contribution (\$)
5.00

Contributor address; City; State; Zip Code
**5766 n kingsdale ave
Chicago, IL 60646**

Principal occupation / Job title (See instructions)
Product

Employer (See instructions)
Activecampaign

Date
4/15/2021

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

Amount of contribution (\$)
8.34

Contributor address; City; State; Zip Code
**258 Parkland Ave
Saint Louis, MO 63122**

Principal occupation / Job title (See instructions)
Not employed

Employer (See instructions)
Not employed

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2 FILER NAME
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3 Filer ID (Ethics Commission Filers)

4 Date
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5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Jonathan Brumberg-Kraus

7 Amount of contribution (\$)
3.33

6 Contributor address; City; State; Zip Code
**19 Memorial Rd
Providence, RI 02906**

8 Principal occupation / Job title (See instructions)
Professor

9 Employer (See instructions)
Wheaton College (MA)

Date
4/15/2021

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

Amount of contribution (\$)
1.00

Contributor address; City; State; Zip Code
**275 Woodsia Way Apt. 308
Wilmington, NC 28411**

Principal occupation / Job title (See instructions)
Graduate Fellow

Employer (See instructions)
WHQR Public Media

Date
4/15/2021

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

Amount of contribution (\$)
2.50

Contributor address; City; State; Zip Code
**140 Montgomery St
Rhinebeck, NY 12572**

Principal occupation / Job title (See instructions)
actor

Employer (See instructions)
Cassidy Entertainment

Date
4/15/2021

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

Amount of contribution (\$)
1.00

Contributor address; City; State; Zip Code
**6613 AVALON DR
WATAUGA, TX 76148**

Principal occupation / Job title (See instructions)
Not Employed

Employer (See instructions)
Not Employed

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

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2 FILER NAME
Mrs Teri M Castillo

3 Filer ID (Ethics Commission Filers)

4 Date
4/15/2021

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

7 Amount of contribution (\$)
2.50

6 Contributor address; City; State; Zip Code
**7762 Palenque St
Carlsbad, CA 92009**

8 Principal occupation / Job title (See instructions)
Teacher

9 Employer (See instructions)
Encinitas Union school district

Date
4/15/2021

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

Amount of contribution (\$)
1.00

Contributor address; City; State; Zip Code
**1579 Sterling Place Rd6
Brooklyn, NY 11213**

Principal occupation / Job title (See instructions)
Not Employed

Employer (See instructions)
Not Employed

Date
4/15/2021

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

Amount of contribution (\$)
2.50

Contributor address; City; State; Zip Code
**609 Maple Ave
Downers Grove, IL 60515**

Principal occupation / Job title (See instructions)
Implementation Coordinator

Employer (See instructions)
REMPREX LLC

Date
4/15/2021

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

Amount of contribution (\$)
1.00

Contributor address; City; State; Zip Code
**4335 Victoria Park Place
Los Angeles, CA 90019**

Principal occupation / Job title (See instructions)
Not Employed

Employer (See instructions)
Not Employed

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MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME Mrs Teri M Castillo		3 Filer ID (Ethics Commission Filers)
4 Date 4/15/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Emily Beck 6 Contributor address; City; State; Zip Code 33482 Cockleshell Drive Dana Point, CA 92629	7 Amount of contribution (\$) 3.34
8 Principal occupation / Job title (See instructions) domestic engineer		9 Employer (See instructions) my children
Date 4/15/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dania Hindi Contributor address; City; State; Zip Code 2628 morgan ann ave mansfield, TX 76063	Amount of contribution (\$) 16.67
Principal occupation / Job title (See instructions) Not Employed		Employer (See instructions) Not Employed
Date 4/15/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nicholas Jurus Contributor address; City; State; Zip Code 9412 SW Gorsuch Rd Vashon, WA 98070	Amount of contribution (\$) 2.00
Principal occupation / Job title (See instructions) Not Employed		Employer (See instructions) Not Employed
Date 4/15/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Renee Banks Contributor address; City; State; Zip Code 7106 NE Hazel Dell Ave Apt 20 Vancouver, WA 98665	Amount of contribution (\$) 1.00
Principal occupation / Job title (See instructions) Cashier		Employer (See instructions) Bevmo
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 54 of 83
2 FILER NAME Mrs Teri M Castillo		3 Filer ID (Ethics Commission Filers)
4 Date 4/15/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Njeru Muraguri 6 Contributor address; City; State; Zip Code 53 Memorial Dr. #391 Mountain Home, TN 37684	7 Amount of contribution (\$) 3.34
8 Principal occupation / Job title (See instructions) Not Employed		9 Employer (See instructions) Not Employed
Date 4/15/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Julie McFarlane Contributor address; City; State; Zip Code 233 Sheridan Avenue S Minneapolis, MN 55405	Amount of contribution (\$) 3.33
Principal occupation / Job title (See instructions) CS		Employer (See instructions) Trader Joe's
Date 4/15/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rick Bueker Contributor address; City; State; Zip Code 167 Eddie Perry Rd Pittsboro, NC 27312	Amount of contribution (\$) 4.50
Principal occupation / Job title (See instructions) Software Developer		Employer (See instructions) Duke University Hospital System
Date 4/15/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kelli Puckett Contributor address; City; State; Zip Code 994 North River Road Sylva, NC 28779	Amount of contribution (\$) 1.00
Principal occupation / Job title (See instructions) RN		Employer (See instructions) Randstad
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

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2 FILER NAME
Mrs Teri M Castillo

3 Filer ID (Ethics Commission Filers)

4 Date
4/15/2021

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

7 Amount of contribution (\$)
25.00

6 Contributor address; City; State; Zip Code
**2302 Ruiz St
San Antonio, TX 78207**

8 Principal occupation / Job title (See instructions)
Operations

9 Employer (See instructions)
Sirius Computer Solutions

Date
4/15/2021

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

Amount of contribution (\$)
16.67

Contributor address; City; State; Zip Code
**406 Post Road Drive
Austin, TX 78704**

Principal occupation / Job title (See instructions)
Software Engineer

Employer (See instructions)
Silvercar

Date
4/15/2021

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

Amount of contribution (\$)
8.34

Contributor address; City; State; Zip Code
**4614 Crestone Peak St
Brighton, CO 80601**

Principal occupation / Job title (See instructions)
Server

Employer (See instructions)
Texas Roadhouse

Date
4/15/2021

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

Amount of contribution (\$)
1.00

Contributor address; City; State; Zip Code
**1702 NW 56th St #371
Seattle, WA 98107**

Principal occupation / Job title (See instructions)
Project Coordinator

Employer (See instructions)
MedBridge

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

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2 FILER NAME
Mrs Teri M Castillo

3 Filer ID (Ethics Commission Filers)

4 Date
4/15/2021

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

7 Amount of contribution (\$)
1.00

6 Contributor address; City; State; Zip Code
**1805 Scott Rd. M
Burbank, CA 91504**

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

9 Employer (See instructions)
Not Employed

Date
4/15/2021

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

Amount of contribution (\$)
16.67

Contributor address; City; State; Zip Code
**1315 Crandall Ave.
Salt Lake City, UT 84106**

Principal occupation / Job title (See instructions)
Physician

Employer (See instructions)
Community Hospital

Date
4/15/2021

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

Amount of contribution (\$)
3.34

Contributor address; City; State; Zip Code
**1651 deepwood cr.
rochester, MI 48307**

Principal occupation / Job title (See instructions)
HR lead

Employer (See instructions)
Accenture

Date
4/15/2021

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

Amount of contribution (\$)
3.33

Contributor address; City; State; Zip Code
**335 Sutter Ave 16F
Brooklyn, NY 11212**

Principal occupation / Job title (See instructions)
Not Employed

Employer (See instructions)
Not Employed

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

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2 FILER NAME
Mrs Teri M Castillo

3 Filer ID (Ethics Commission Filers)

4 Date
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5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Susan Harden

7 Amount of contribution (\$)
2.50

6 Contributor address; City; State; Zip Code
**16 Woodlake Rd. 1
Albany, NY 12203**

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

9 Employer (See instructions)
Not Employed

Date
4/15/2021

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

Amount of contribution (\$)
3.34

Contributor address; City; State; Zip Code
**812 Oak Ave
Davis, CA 95616**

Principal occupation / Job title (See instructions)
Education

Employer (See instructions)
GOOD DOCS

Date
4/15/2021

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

Amount of contribution (\$)
3.33

Contributor address; City; State; Zip Code
**5272 Green Lawn Drive
Macungie, PA 18062**

Principal occupation / Job title (See instructions)
computer scientist

Employer (See instructions)
Carnegie Learning

Date
4/15/2021

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

Amount of contribution (\$)
2.50

Contributor address; City; State; Zip Code
**705 Bell Dr
Las Vegas, NV 89101**

Principal occupation / Job title (See instructions)
Administrative Assistant

Employer (See instructions)
Albertoâ€™s Inc

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SCHEDULE **A1**

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2 FILER NAME
Mrs Teri M Castillo

3 Filer ID (Ethics Commission Filers)

4 Date
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5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Tanisha Favorite

7 Amount of contribution (\$)
1.00

6 Contributor address; City; State; Zip Code
**190 Cypress Grove Court
New Orleans, LA 70131**

8 Principal occupation / Job title (See instructions)
Teacher

9 Employer (See instructions)
Jefferson Parish Public Schools

Date
4/15/2021

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

Amount of contribution (\$)
2.50

Contributor address; City; State; Zip Code
**7000 Auburn St Apt P8
Bakersfield, CA 93306**

Principal occupation / Job title (See instructions)
Not Employed

Employer (See instructions)
Not Employed

Date
4/15/2021

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

Amount of contribution (\$)
17.00

Contributor address; City; State; Zip Code
**2011 Colima St
San Antonio, TX 78207**

Principal occupation / Job title (See instructions)
Project Manager

Employer (See instructions)
CHM Weatherguard

Date
4/15/2021

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

Amount of contribution (\$)
3.33

Contributor address; City; State; Zip Code
**5785 Orchard Park Drive
San Jose, CA 95123**

Principal occupation / Job title (See instructions)
Preschool teacher

Employer (See instructions)
private

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

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2 FILER NAME
Mrs Teri M Castillo

3 Filer ID (Ethics Commission Filers)

4 Date
4/15/2021

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

7 Amount of contribution (\$)
1.00

6 Contributor address; City; State; Zip Code
**3344 E Jerome Ave
Mesa, AZ 85204**

8 Principal occupation / Job title (See instructions)
Pharmacist

9 Employer (See instructions)
Magellan Health

Date
4/15/2021

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

Amount of contribution (\$)
1.00

Contributor address; City; State; Zip Code
**4209 Engadina Pass
Round Rock, TX 78665**

Principal occupation / Job title (See instructions)
Not Employed

Employer (See instructions)
Not Employed

Date
4/15/2021

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

Amount of contribution (\$)
1.66

Contributor address; City; State; Zip Code
**1610 Chesapeake Dr
Hoffman Estates, IL 60192**

Principal occupation / Job title (See instructions)
Health Client Specialist

Employer (See instructions)
Alight Solutions

Date
4/15/2021

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

Amount of contribution (\$)
16.66

Contributor address; City; State; Zip Code
**30 Colonial Ave
Larchmont, NY 10538**

Principal occupation / Job title (See instructions)
Finance

Employer (See instructions)
Anne Lewis strategies

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MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME Mrs Teri M Castillo		3 Filer ID (Ethics Commission Filers)
4 Date 4/15/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lauren Forest 6 Contributor address; City; State; Zip Code 1401 South State Street Apartment 2002 Chicago, IL 60605	7 Amount of contribution (\$) 16.67
8 Principal occupation / Job title (See instructions) Customer success manager		9 Employer (See instructions) Slack
Date 4/15/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Emily Shephard Contributor address; City; State; Zip Code 1046 Grover Ave Apt 202 Glendale, CA 91201	Amount of contribution (\$) 1.67
Principal occupation / Job title (See instructions) Barista		Employer (See instructions) Starbucks
Date 4/16/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ginger Paquin Contributor address; City; State; Zip Code 918 S 15th St Rogers, AR 72758	Amount of contribution (\$) 4.17
Principal occupation / Job title (See instructions) Architect		Employer (See instructions) Hight Jackson
Date 4/16/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Laney Tuttle Contributor address; City; State; Zip Code 3812 Hannett Ave NE Albuquerque, NM 87110	Amount of contribution (\$) 3.33
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: 61 of 83
2 FILER NAME Mrs Teri M Castillo		3 Filer ID (Ethics Commission Filers)
4 Date 4/16/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kelly Hummert 6 Contributor address; City; State; Zip Code 6 Crestwood Drive Saint Louis, MO 63105	7 Amount of contribution (\$) 16.66
8 Principal occupation / Job title (See instructions) Actor/Director		9 Employer (See instructions) Self
Date 4/16/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Parker Abercrombie Contributor address; City; State; Zip Code 355 S. Los Robles Ave Pasadena, CA 91101	Amount of contribution (\$) 16.67
Principal occupation / Job title (See instructions) Software Engineer		Employer (See instructions) California Institute of Technology
Date 4/16/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Paige Farley Contributor address; City; State; Zip Code 825 S Cardiff St Anaheim, CA 92806	Amount of contribution (\$) 1.00
Principal occupation / Job title (See instructions) Marketing		Employer (See instructions) PHP Agency
Date 4/16/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sahara A Shackelford Contributor address; City; State; Zip Code 130 Pelham Road New Rochelle, NY 10805	Amount of contribution (\$) 3.34
Principal occupation / Job title (See instructions) Manager		Employer (See instructions) Williams Lea
<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
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5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Frances Fisher

7 Amount of contribution (\$)
2.50

6 Contributor address; City; State; Zip Code
**630 N. Sepulveda Blvd. STE A9 #806
Los Angeles, CA 90245**

8 Principal occupation / Job title (See instructions)
Actress

9 Employer (See instructions)
Self

Date
4/16/2021

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

Amount of contribution (\$)
2.50

Contributor address; City; State; Zip Code
**2016 Valley Drive
Clayton, NC 27520**

Principal occupation / Job title (See instructions)
educational administrator (p/t)

Employer (See instructions)
Saint Augustines University

Date
4/16/2021

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

Amount of contribution (\$)
5.00

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

Principal occupation / Job title (See instructions)
Fundraiser

Employer (See instructions)
Center for American Progress

Date
4/16/2021

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

Amount of contribution (\$)
1.00

Contributor address; City; State; Zip Code
**103 Villa Dr
Lake Saint Louis, MO 63367**

Principal occupation / Job title (See instructions)
Recruiter

Employer (See instructions)
Edward jones

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

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2 FILER NAME
Mrs Teri M Castillo

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4 Date
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5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Andra Maddox

7 Amount of contribution (\$)
3.33

6 Contributor address; City; State; Zip Code
**11 La Canada
Arroyo Seco, NM 87514**

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

9 Employer (See instructions)
Not Employed

Date
4/16/2021

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

Amount of contribution (\$)
5.00

Contributor address; City; State; Zip Code
**2638 N 4th st or
Columbus, OH 43202**

Principal occupation / Job title (See instructions)
Locksmith

Employer (See instructions)
Carl Zipf

Date
4/16/2021

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

Amount of contribution (\$)
1.00

Contributor address; City; State; Zip Code
**56 granville ave Street Address 2 Apartment
Worcester, MA 01606**

Principal occupation / Job title (See instructions)
Teacher

Employer (See instructions)
NECC

Date
4/16/2021

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

Amount of contribution (\$)
3.33

Contributor address; City; State; Zip Code
**22 14th St NW Unit 2314
Atlanta, GA 30309**

Principal occupation / Job title (See instructions)
Beauty industry

Employer (See instructions)
Self

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

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2 FILER NAME
Mrs Teri M Castillo

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

7 Amount of contribution (\$)
8.33

6 Contributor address; City; State; Zip Code
**1318 S 1260 W
Orem, UT 84058**

8 Principal occupation / Job title (See instructions)
Content Specialist

9 Employer (See instructions)
Purple Innovations

Date
4/16/2021

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

Amount of contribution (\$)
16.67

Contributor address; City; State; Zip Code
**95 Vandam Street #2R
New York, NY 10013**

Principal occupation / Job title (See instructions)
Marketing

Employer (See instructions)
Self

Date
4/16/2021

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

Amount of contribution (\$)
4.00

Contributor address; City; State; Zip Code
**204 w san mateo rd
santa fe, NM 87505**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
N/A

Date
4/16/2021

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

Amount of contribution (\$)
8.33

Contributor address; City; State; Zip Code
**3804 Elliot Ave S
Minneapolis, MN 55407**

Principal occupation / Job title (See instructions)
bookkeeper

Employer (See instructions)
TCCP

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 65 of 83
2 FILER NAME Mrs Teri M Castillo		3 Filer ID (Ethics Commission Filers)
4 Date 4/16/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cassie Lasco 6 Contributor address; City; State; Zip Code 1812 Larkspur Dr Arlington, TX 76013	7 Amount of contribution (\$) 1.00
8 Principal occupation / Job title (See instructions) Self-employed		9 Employer (See instructions) Self-employed
Date 4/16/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Emily R-Love Contributor address; City; State; Zip Code 163 COTTON ST PHILADELPHIA, PA 19127-1419	Amount of contribution (\$) 2.50
Principal occupation / Job title (See instructions) Registered Nurse		Employer (See instructions) Penn Medicine
Date 4/16/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tiffany Lam Contributor address; City; State; Zip Code 5926 8th Ave. Los Angeles, CA 90043	Amount of contribution (\$) 8.33
Principal occupation / Job title (See instructions) Illustrator		Employer (See instructions) Sony Animations
Date 4/16/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Micah Young Contributor address; City; State; Zip Code 920 E Woodbury Rd Pasadena, CA 91104	Amount of contribution (\$) 1.00
Principal occupation / Job title (See instructions) Teacher		Employer (See instructions) 5 Keys charter
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

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2 FILER NAME
Mrs Teri M Castillo

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4 Date
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5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Patrick Delaney

7 Amount of contribution (\$)
1.00

6 Contributor address; City; State; Zip Code
**80 Saint Nicholas Avenue
Brooklyn, NY 11237**

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

9 Employer (See instructions)
Not Employed

Date
4/16/2021

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

Amount of contribution (\$)
3.34

Contributor address; City; State; Zip Code
**2500 Business Center Drive Apt 7202
Pearland, TX 77584**

Principal occupation / Job title (See instructions)
Physician

Employer (See instructions)
Self employed

Date
4/16/2021

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

Amount of contribution (\$)
8.34

Contributor address; City; State; Zip Code
**170 North 31st Avenue
Cornelius, OR 97113**

Principal occupation / Job title (See instructions)
Not Employed

Employer (See instructions)
Not Employed

Date
4/16/2021

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

Amount of contribution (\$)
33.33

Contributor address; City; State; Zip Code
**73 Hemenway Street Apt 207
Boston, MA 02115**

Principal occupation / Job title (See instructions)
Health Care Statistics

Employer (See instructions)
UMass Medical School

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MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME
Mrs Teri M Castillo

3 Filer ID (Ethics Commission Filers)

4 Date
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5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Edwina Echevarria

7 Amount of contribution (\$)
1.00

6 Contributor address; City; State; Zip Code
**812 W. 4th Street
Loveland, CO 80537**

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

9 Employer (See instructions)
Not Employed

Date
4/16/2021

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

Amount of contribution (\$)
1.67

Contributor address; City; State; Zip Code
**1404 PEMBROKE CIR APT 1
GOSHEN, IN 46526**

Principal occupation / Job title (See instructions)
Not Employed

Employer (See instructions)
Not Employed

Date
4/16/2021

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

Amount of contribution (\$)
10.00

Contributor address; City; State; Zip Code
**5565 Mansions Bluffs
San Antonio, TX 78245**

Principal occupation / Job title (See instructions)
Not Employed

Employer (See instructions)
Not Employed

Date
4/16/2021

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

Amount of contribution (\$)
3.13

Contributor address; City; State; Zip Code
**100 Kilsyth Rd
Brighton, MA 02135**

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: 68 of 83
2 FILER NAME Mrs Teri M Castillo		3 Filer ID (Ethics Commission Filers)
4 Date 4/16/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gaurav Singh 6 Contributor address; City; State; Zip Code 9959 cyrandall drive Oakton, VA 22124	7 Amount of contribution (\$) 1.25
8 Principal occupation / Job title (See instructions) Registered Yoga Teacher		9 Employer (See instructions) Going Yogue
Date 4/16/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Timothy Artz Contributor address; City; State; Zip Code 636 Carlton Avenue Brooklyn, NY 11238	Amount of contribution (\$) 12.50
Principal occupation / Job title (See instructions) Research Assistant		Employer (See instructions) Columbia University
Date 4/16/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Logan Crawford Contributor address; City; State; Zip Code 2327 Taraval San Francisco, CA 94116	Amount of contribution (\$) 10.00
Principal occupation / Job title (See instructions) Special education teacher		Employer (See instructions) SFUSD
Date 4/16/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Natalie Lott Contributor address; City; State; Zip Code 3662 Lazarro Drive CARMEL, CA 93923	Amount of contribution (\$) 4.17
Principal occupation / Job title (See instructions) Teacher		Employer (See instructions) IEM
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 69 of 83
2 FILER NAME Mrs Teri M Castillo		3 Filer ID (Ethics Commission Filers)
4 Date 4/16/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rosa Guajardo 6 Contributor address; City; State; Zip Code 900 W Woodlawn Ave San Antonio, TX 78201	7 Amount of contribution (\$) 20.00
8 Principal occupation / Job title (See instructions) Rn		9 Employer (See instructions) Methodist
Date 4/16/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cynthia Spielman Contributor address; City; State; Zip Code 900 W Woodlawn Ave San Antonio, TX 78201	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) Not Employed		Employer (See instructions) Not Employed
Date 4/16/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cathryn Watson Contributor address; City; State; Zip Code 2200 e 29th street Mission, TX 78574	Amount of contribution (\$) 27.00
Principal occupation / Job title (See instructions) Professor		Employer (See instructions) Utrgv
Date 4/16/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mary Johnson Contributor address; City; State; Zip Code 125 W Ridgewood Ct San Antonio, TX 78212	Amount of contribution (\$) 150.00
Principal occupation / Job title (See instructions) Clothing designer		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**

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2 FILER NAME
Mrs Teri M Castillo

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4 Date
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5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Steve Versteeg

7 Amount of contribution (\$)
47.00

6 Contributor address; City; State; Zip Code
**105 reno st
San Antonio, TX 78208**

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

9 Employer (See instructions)
FBD

Date
4/16/2021

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

Amount of contribution (\$)
1.00

Contributor address; City; State; Zip Code
**4903 N. Hermitage Ave. #2
Chicago, IL 60640**

Principal occupation / Job title (See instructions)
Production Manager

Employer (See instructions)
FCB

Date
4/16/2021

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

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**2410 Border LN
San Antonio, TX 78232**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
4/16/2021

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

Amount of contribution (\$)
8.33

Contributor address; City; State; Zip Code
**2007 SE Bybee Blvd.
Portland, OR 97202-5734**

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: 71 of 83
2 FILER NAME Mrs Teri M Castillo		3 Filer ID (Ethics Commission Filers)
4 Date 4/16/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kawaiohawaiki Anakalea 6 Contributor address; City; State; Zip Code 10 Fredericksburg Court Coram, NY 11727	7 Amount of contribution (\$) 2.50
8 Principal occupation / Job title (See instructions) Massage therapy		9 Employer (See instructions) Self
Date 4/17/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Garrett Blad Contributor address; City; State; Zip Code 911 Lindsey St South Bend, IN 46616	Amount of contribution (\$) 12.50
Principal occupation / Job title (See instructions) National Press Coordinator		Employer (See instructions) Sunrise Movement
Date 4/17/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Laura Huggins Contributor address; City; State; Zip Code 1705 Harrison St Titusville, FL 32780-4681	Amount of contribution (\$) 2.50
Principal occupation / Job title (See instructions) Substitute Teacher		Employer (See instructions) Kelly Educational Staffing
Date 4/17/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Anisa Schell Contributor address; City; State; Zip Code 430 E. Mistletoe Ave. San Antonio, TX 78212	Amount of contribution (\$) 50.00
Principal occupation / Job title (See instructions) Not Employed		Employer (See instructions) Not Employed
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

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2 FILER NAME
Mrs Teri M Castillo

3 Filer ID (Ethics Commission Filers)

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

7 Amount of contribution (\$)
100.00

6 Contributor address; City; State; Zip Code
**3907 Maiden Way
Converse, TX 78109**

8 Principal occupation / Job title (See instructions)
Truck Driver

9 Employer (See instructions)

Date
4/19/2021

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

Amount of contribution (\$)
1.00

Contributor address; City; State; Zip Code
**2812 41st Street
Astoria, NY 11103**

Principal occupation / Job title (See instructions)
Paralegal

Employer (See instructions)
Dunnegan & Scileppi LLC

Date
4/20/2021

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

Amount of contribution (\$)
2.50

Contributor address; City; State; Zip Code
**1319 SAINT GEORGES AVE
Rahway, NJ 07065**

Principal occupation / Job title (See instructions)
Admin Assistant

Employer (See instructions)
Trinity Christian Center

Date
4/20/2021

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

Amount of contribution (\$)
2.50

Contributor address; City; State; Zip Code
**3 Eden Lane
Petaluma, CA 94952**

Principal occupation / Job title (See instructions)
Procurement Manager

Employer (See instructions)
Pattern Energy Group

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MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME
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3 Filer ID (Ethics Commission Filers)

4 Date
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5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Courtney Stringer

7 Amount of contribution (\$)
5.00

6 Contributor address; City; State; Zip Code
**9125 Stonegate
Midwest City, OK 73130**

8 Principal occupation / Job title (See instructions)
Operator

9 Employer (See instructions)
Sooner answer service

Date
4/20/2021

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

Amount of contribution (\$)
2.50

Contributor address; City; State; Zip Code
**207 Rutherglen Ave
Providence, RI 02907**

Principal occupation / Job title (See instructions)
Writer

Employer (See instructions)
AMS

Date
4/20/2021

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

Amount of contribution (\$)
2.50

Contributor address; City; State; Zip Code
**16 Park place
Nanuet, NY 10954**

Principal occupation / Job title (See instructions)
Educator

Employer (See instructions)
NYCDOE

Date
4/20/2021

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

Amount of contribution (\$)
1.00

Contributor address; City; State; Zip Code
**1102 Chandler Ave
Opelika, AL 36801**

Principal occupation / Job title (See instructions)
Not Employed

Employer (See instructions)
Not Employed

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

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2 FILER NAME
Mrs Teri M Castillo

3 Filer ID (Ethics Commission Filers)

4 Date
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5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Priscilla Galvan-Marchan

7 Amount of contribution (\$)
8.33

6 Contributor address; City; State; Zip Code
**6119 Clematis Trail
San Antonio, TX 78218**

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

9 Employer (See instructions)
Marathon

Date
4/20/2021

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

Amount of contribution (\$)
1.00

Contributor address; City; State; Zip Code
**813 East Scarritt Street
Springfield, IL 62703**

Principal occupation / Job title (See instructions)
Customer service

Employer (See instructions)
Access Financial Management

Date
4/20/2021

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

Amount of contribution (\$)
1.00

Contributor address; City; State; Zip Code
**2776 Galena Ave
Simi Valley, CA 93065**

Principal occupation / Job title (See instructions)
Not Employed

Employer (See instructions)
Not Employed

Date
4/20/2021

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

Amount of contribution (\$)
1.00

Contributor address; City; State; Zip Code
**7215 Bull Creek Dr.
San Antonio, TX 78244**

Principal occupation / Job title (See instructions)
Project Manager

Employer (See instructions)
LMI

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

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2 FILER NAME Mrs Teri M Castillo		3 Filer ID (Ethics Commission Filers)
4 Date 4/20/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) James Aroneseno 6 Contributor address; City; State; Zip Code 5447 Middle Road Hemlock, NY 14466	7 Amount of contribution (\$) 2.50
8 Principal occupation / Job title (See instructions) Self Employed		9 Employer (See instructions) Self
Date 4/20/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Whitnie Tate Contributor address; City; State; Zip Code 2457 Fisher Ln Millcreek, UT 84109	Amount of contribution (\$) 8.33
Principal occupation / Job title (See instructions) Retired LEO/Soc. Worker		Employer (See instructions) Utah County government
Date 4/20/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brandon Charity Contributor address; City; State; Zip Code PO Box 88617 Tukwila, WA 98138	Amount of contribution (\$) 8.34
Principal occupation / Job title (See instructions) Not Employed		Employer (See instructions) Not Employed
Date 4/20/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Meg Smith Contributor address; City; State; Zip Code 54 Wyvern Street Boston, MA 02131	Amount of contribution (\$) 1.00
Principal occupation / Job title (See instructions) Social worker		Employer (See instructions) A
<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:
76 of 83

2 FILER NAME
Mrs Teri M Castillo

3 Filer ID (Ethics Commission Filers)

4 Date
4/20/2021

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

7 Amount of contribution (\$)
1.00

6 Contributor address; City; State; Zip Code
**316 Dove Drive
Camano Island, WA 98282**

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

9 Employer (See instructions)
Not Employed

Date
4/20/2021

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

Amount of contribution (\$)
2.50

Contributor address; City; State; Zip Code
**1812 Cromwood rd
Parkville, MD 21234**

Principal occupation / Job title (See instructions)
Teacher

Employer (See instructions)
BCPS

Date
4/20/2021

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

Amount of contribution (\$)
1.00

Contributor address; City; State; Zip Code
**1801 Chapman Ave
Rockville, MD 20852**

Principal occupation / Job title (See instructions)
Scientist

Employer (See instructions)
NIH

Date
4/20/2021

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

Amount of contribution (\$)
1.00

Contributor address; City; State; Zip Code
**7501 Oakberry drive
Raleigh, NC 27616**

Principal occupation / Job title (See instructions)
Paralegal

Employer (See instructions)
John Orcutt

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: 77 of 83
2 FILER NAME Mrs Teri M Castillo		3 Filer ID (Ethics Commission Filers)
4 Date 4/20/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Caitlin Legros 6 Contributor address; City; State; Zip Code 135 Warrington dr Rochester, NY 14618	7 Amount of contribution (\$) 5.00
8 Principal occupation / Job title (See instructions) Midwife		9 Employer (See instructions) University of Rochester
Date 4/20/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sarah Lincoln Contributor address; City; State; Zip Code 556 Quaker st North Ferrisburgh, VT 05473	Amount of contribution (\$) 8.33
Principal occupation / Job title (See instructions) Teacher		Employer (See instructions) The Schoolhouse
Date 4/20/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Joshua Somers Contributor address; City; State; Zip Code 214 e mulberry San Antonio, TX 78212	Amount of contribution (\$) 27.00
Principal occupation / Job title (See instructions) Not Employed		Employer (See instructions) Not Employed
Date 4/20/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Netta Lasch Contributor address; City; State; Zip Code 2104 Cullen Ave 210 Austib, TX 78757	Amount of contribution (\$) 5.00
Principal occupation / Job title (See instructions) Inv mgr		Employer (See instructions) River City footworks
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

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

3 Filer ID (Ethics Commission Filers)

4 Date
4/20/2021

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

7 Amount of contribution (\$)
1.00

6 Contributor address; City; State; Zip Code
**900 Montgomery Ave. Apt 605
Bryn Mawr, PA 19010**

8 Principal occupation / Job title (See instructions)
Teacher

9 Employer (See instructions)
Lower Merion School District

Date
4/20/2021

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

Amount of contribution (\$)
1.67

Contributor address; City; State; Zip Code
**4524 Felicity Lane
Austin, TX 78725**

Principal occupation / Job title (See instructions)
Sales

Employer (See instructions)
IPG

Date
4/20/2021

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

Amount of contribution (\$)
3.34

Contributor address; City; State; Zip Code
**6107 E Riverside Dr Apt 304
Austin, TX 78741**

Principal occupation / Job title (See instructions)
Banking

Employer (See instructions)
Goldman Sachs

Date
4/20/2021

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

Amount of contribution (\$)
150.00

Contributor address; City; State; Zip Code
**1467 Hamilton Avenue
Palo Alto, CA 94301**

Principal occupation / Job title (See instructions)
activist

Employer (See instructions)
self-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:
79 of 83

2 FILER NAME
Mrs Teri M Castillo

3 Filer ID (Ethics Commission Filers)

4 Date
4/20/2021

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

7 Amount of contribution (\$)
3.00

6 Contributor address; City; State; Zip Code
**3240 S Quincy St
Kennewick, WA 99337**

8 Principal occupation / Job title (See instructions)
Physician

9 Employer (See instructions)
Good shepherd

Date
4/20/2021

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

Amount of contribution (\$)
1.67

Contributor address; City; State; Zip Code
**8015 Cheryl Meadow Dr.
Converse, TX 78109**

Principal occupation / Job title (See instructions)
Kennel Tech

Employer (See instructions)
Converse Animal Shelter Inc.

Date
4/20/2021

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

Amount of contribution (\$)
1.00

Contributor address; City; State; Zip Code
**1108 W 28th Street
Bryan, TX 77803**

Principal occupation / Job title (See instructions)
Not Employed

Employer (See instructions)
Not Employed

Date
4/20/2021

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

Amount of contribution (\$)
1.00

Contributor address; City; State; Zip Code
**4308 N Longview Ave APT 201
Phoenix, AZ 85014**

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: 80 of 83
2 FILER NAME Mrs Teri M Castillo		3 Filer ID (Ethics Commission Filers)
4 Date 4/20/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) David Kannerstein 6 Contributor address; City; State; Zip Code 4103 Fountain Green Road Lafayette Hill, PA 19444	7 Amount of contribution (\$) 2.50
8 Principal occupation / Job title (See instructions) Not Employed		9 Employer (See instructions) Not Employed
Date 4/20/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kathryn Wholihan Contributor address; City; State; Zip Code 44489 Towncenter Way Palm Desert, CA 92260	Amount of contribution (\$) 5.00
Principal occupation / Job title (See instructions) Marketing		Employer (See instructions) Eisenhower Health
Date 4/20/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lisa Colby Contributor address; City; State; Zip Code 167 Lakeside Dr Asheville NC Asheville, NC 28806	Amount of contribution (\$) 5.00
Principal occupation / Job title (See instructions) Jeweler		Employer (See instructions) Self
Date 4/20/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gladys Woods Contributor address; City; State; Zip Code PO Box 17556 Atlanta, GA 39316	Amount of contribution (\$) 2.50
Principal occupation / Job title (See instructions) X-ray tech		Employer (See instructions) Northside
<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: 81 of 83
2 FILER NAME Mrs Teri M Castillo		3 Filer ID (Ethics Commission Filers)
4 Date 4/20/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ian Goral 6 Contributor address; City; State; Zip Code 4539 N Western Ave Apt 2 Chicago, IL 60625	7 Amount of contribution (\$) 10.00
8 Principal occupation / Job title (See instructions) IT		9 Employer (See instructions) GuavaTech Inc
Date 4/20/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Eleazar Martinez Contributor address; City; State; Zip Code 153 w Portland st Pheonix, AZ 85003	Amount of contribution (\$) 4.20
Principal occupation / Job title (See instructions) Not Employed		Employer (See instructions) Not Employed
Date 4/20/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Abigail Baiza Contributor address; City; State; Zip Code 103 Catherine San Antonio, TX 78237	Amount of contribution (\$) 50.00
Principal occupation / Job title (See instructions) Teacher		Employer (See instructions) iSd
Date 4/21/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Amy Kastely Contributor address; City; State; Zip Code 233 Lotus Ave San Antonio, TX 78210	Amount of contribution (\$) 300.00
Principal occupation / Job title (See instructions) Retired Professor		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:
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2 FILER NAME
Mrs Teri M Castillo

3 Filer ID (Ethics Commission Filers)

4 Date
4/21/2021

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Leticia Peña-Lorensy

7 Amount of contribution (\$)
27.00

6 Contributor address; City; State; Zip Code
**147 Cheyenne Avenue 807
san antonio, TX 78207**

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

9 Employer (See instructions)
Not Employed

Date
4/21/2021

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

Amount of contribution (\$)
80.00

Contributor address; City; State; Zip Code
**2263 Basswood Street Apt 1
eagle pass, TX 78852-2313**

Principal occupation / Job title (See instructions)
Hotel Front Desk Clerk

Employer (See instructions)
EGLPASS LLC

Date
4/21/2021

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

Amount of contribution (\$)
27.00

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

Principal occupation / Job title (See instructions)
Call Center

Employer (See instructions)
Travis County

Date
4/21/2021

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

Amount of contribution (\$)
27.00

Contributor address; City; State; Zip Code
**205 Dandelion Ln.
San Antonio, TX 78213**

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: 83 of 83
2 FILER NAME Mrs Teri M Castillo		3 Filer ID (Ethics Commission Filers)
4 Date 4/21/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) James Long 6 Contributor address; City; State; Zip Code 2508 Tampico Street San Antonio, TX 78207	7 Amount of contribution (\$) 27.00
8 Principal occupation / Job title (See instructions) Teacher		9 Employer (See instructions) SAISD
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
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 2
2 FILER NAME Mrs Teri M Castillo		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0
5 Date 4/3/2021	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Matteo Hinojosa 7 Contributor address; City; State; Zip Code 3711 Medical Dr. #2533 San Antonio, TX 78229	8 Amount of Contribution \$ 100.00 9 In-kind contribution description Event Music <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 4/3/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Joe L Valdez Contributor address; City; State; Zip Code 311 S. St. Marys San Antonio, TX 78207	Amount of Contribution \$ 100.00 In-kind contribution description Event Food <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		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE **A2**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:
2 of 2

2 FILER NAME
Mrs Teri M Castillo

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date
4/3/2021

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

8 Amount of Contribution \$ **200.00**

9 In-kind contribution description
Event Venue

7 Contributor address; City; State; Zip Code
**1635 Potosi
San Antonio, TX 78207**

☐ 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)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 1 of 6	2 FILER NAME Mrs Teri M Castillo	3 Filer ID (Ethics Commission Filers)
4 Date 3/23/2021	5 Payee name Duran Printing, LLC	
6 Amount (\$) 405.94	7 Payee address; City; State; Zip Code 1912 Nogalitos San Antonio, TX 78225	
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 3/29/2021	Payee name PRESTIGE PRINTING, LLC	
Amount (\$) 930.95	Payee address; City; State; Zip Code 8 Burwood Ln San Antonio, TX 78216	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description Signs
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

Date 3/31/2021	Payee name VANTIV (Worldpay, Inc)	
Amount (\$) 162.00	Payee address; City; State; Zip Code 8500 Governors Hill Dr Cincinnati, OH 45249	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Solicitation/Fundraising Expense	Description Fundraising Expense
	<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 4/1/2021	5 Payee name VANTIV (Worldpay, Inc)		
6 Amount (\$) 205.00	7 Payee address; City; State; Zip Code 8500 Governors Hill Dr Cincinnati, OH 45249		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Solicitation/Fundraising Expense		(b) Description Fundraising Expense
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date 4/1/2021	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 Consulting Fee
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date 4/1/2021	Payee name BBVA		
Amount (\$) 3.00	Payee address; City; State; Zip Code 218 Zarzamora St San Antonio, TX 78207		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Accounting/Banking		Description Checks
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 3 of 6	2 FILER NAME Mrs Teri M Castillo		3 Filer ID (Ethics Commission Filers)
4 Date 4/3/2021	5 Payee name Henry Gomez		
6 Amount (\$) 400.00	7 Payee address; City; State; Zip Code 815 E Harlan San Antonio, TX 78214		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event Expense		(b) Description Event Music
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date 4/5/2021	Payee name ActBlue		
Amount (\$) 36.20	Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Solicitation/Fundraising Expense		Description Digital Fundraising Platform
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date 4/5/2021	Payee name Duran Printing. LLC		
Amount (\$) 405.94	Payee address; City; State; Zip Code 1912 Nogalitos San Antonio, TX 78225		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense		Description Literature
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 4 of 6	2 FILER NAME Mrs Teri M Castillo		3 Filer ID (Ethics Commission Filers)
4 Date 4/6/2021	5 Payee name PRESTIGE PRINTING, LLC		
6 Amount (\$) 1380.19	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 Signs
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

Date 4/7/2021	Payee name Self Branded SA		
Amount (\$) 255.00	Payee address; City; State; Zip Code 702 Richland Hills Drive San Antonio, TX 78245		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense		Description T-Shirts
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

Date 4/8/2021	Payee name Duran Printing. LLC		
Amount (\$) 405.94	Payee address; City; State; Zip Code 1912 Nogalitos San Antonio, TX 78225		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense		Description Literature
	<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 4/9/2021	5 Payee name Sams Club	
6 Amount (\$) 53.18	7 Payee address; City; State; Zip Code 3150 s.w. military dr. San Antonio, TX 78224	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Drinks and Snacks for canvassers.
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held

Date 4/12/2021	Payee name VANTIV (Worldpay, Inc)	
Amount (\$) 8.34	Payee address; City; State; Zip Code 8500 Governors Hill Dr Cincinnati, OH 45249	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Solicitation/Fundraising Expense	Description Fundraising
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held

Date 4/16/2021	Payee name Stickergiant.com	
Amount (\$) 302.64	Payee address; City; State; Zip Code 880 Weaver Park Rd. Longmont , CO 80501-6024	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description Stickers
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 6 of 6	2 FILER NAME Mrs Teri M Castillo	3 Filer ID (Ethics Commission Filers)
4 Date 4/18/2021	5 Payee name Wallgreens #12479	
6 Amount (\$) 130.71	7 Payee address; City; State; Zip Code 121 N Zarzamora St San Antonio, TX 78207	
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 4/18/2021	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 Consultant Fee	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

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: 60%; vertical-align: top;"> (a) Category (See categories listed at the top of this schedule) </td> <td style="width: 40%; 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: 40%;">Candidate / Officeholder name</td> <td style="width: 20%;">Office sought</td> <td style="width: 40%;">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: 60%; vertical-align: top;">Category (See categories listed at the top of this schedule)</td> <td style="width: 40%; 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: 40%;">Candidate / Officeholder name</td> <td style="width: 20%;">Office sought</td> <td style="width: 40%;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held	
Candidate / Officeholder name	Office sought	Office held				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F3:
1 of 1

2 FILER NAME

Mrs Teri M Castillo

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom investment is purchased

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

7 Description of investment

8 Amount of investment (\$)

Date

Name of person from whom investment is purchased

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

Description of investment

Amount of investment (\$)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F4: 1 of 1	2 FILER NAME Mrs Teri M Castillo	3 Filer ID (Ethics Commission Filers)
--	---	--

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

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

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

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

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

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

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

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

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

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

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

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

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

1 of 1

2 FILER NAME

Mrs Teri M Castillo

3 Filer ID (Ethics Commission Filers)

4 Date

3/28/2021

5 Name of person from whom amount is received

Daniel Arriaga

8 Amount (\$)

200.00

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

**4950 Dare Lane
San Antonio, TX 78217**

7 Purpose for which amount is received

Wrong Amount

☐ Check if political contribution returned to filer

Date

3/30/2021

Name of person from whom amount is received

Graciela Sanchez

Amount (\$)

300.00

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

**2718 Monterey
San Antonio, TX 78207**

Purpose for which amount is received

Wrong Amount

☐ Check if political contribution returned to filer

Date

4/8/2021

Name of person from whom amount is received

Amy Kastely Graciela Sanchez

Amount (\$)

300.00

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

**2718 Monterey
San Antonio, TX 78207**

Purpose for which amount is received

Wrong Amount.

☐ Check if political contribution returned to filer

Date

4/8/2021

Name of person from whom amount is received

Amy Kastely Graciela Sanchez

Amount (\$)

200.00

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

**233 Lotus Ave
San Antonio, TX 78210**

Purpose for which amount is received

Wrong Amount

☐ Check if political contribution returned to filer

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

SCHEDULE T

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

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

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

C/OH NAME
Mrs Teri M Castillo

Filer ID (Ethics Commission Filers)

SIGNATURE

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

Signature of Candidate / Officeholder

FILER WHO IS NOT AN OFFICEHOLDER

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

A. CAMPAIGN FUNDS

Check only one:

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

B. ASSETS

Check only one:

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

Signature of Candidate

OFFICEHOLDER

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

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

Signature of Officeholder