

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)		2 Total pages filed: <b>45</b>	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>Mrs</b>	FIRST <b>Teri</b>	MI <b>M</b>	OFFICE USE ONLY Date Received <b>7/15/2024 2:48:13PM</b>	
	NICKNAME	LAST <b>Castillo</b>	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>PO Box 831081 San Antonio TX 78283</b>			Date Hand-delivered or Date Postmarked	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE ( <b>210</b> )	PHONE NUMBER <b>424-4654</b>	EXTENSION		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <b>Mr</b>	FIRST <b>Joe</b>	MI	Receipt #	Amount \$
	NICKNAME	LAST <b>Castillo</b>	SUFFIX <b>III</b>	Date Processed <b>7/15/2024 2:48:13PM</b>	
					Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>303 Cass Ave San Antonio TX 78204</b>				
8 CAMPAIGN TREASURER PHONE	AREA CODE ( <b>210</b> )	PHONE NUMBER <b>379-6751</b>	EXTENSION		
9 REPORT TYPE	<b>July 15: Semi-Annual</b>				
10 PERIOD COVERED	Month Day Year <b>1/1/2024</b>		THROUGH	Month Day Year <b>6/30/2024</b>	
11 ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE		
			<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special    Description		
12 OFFICE	OFFICE HELD (if any) <b>Council District 5</b>		13 OFFICE SOUGHT (if known) <b>Council District 5</b>		

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

<b>14 C/OH NAME</b> <b>Mrs Teri M Castillo</b>	<b>15 Filer ID</b> (Ethics Commission Filers)
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<b>16 NOTICE FROM POLITICAL COMMITTEE(S)</b>	<small>THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.</small>	
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME  COMMITTEE ADDRESS  COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER ADDRESS

<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	<b>\$ 160.00</b>
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	<b>\$ 4740.82</b>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES.	<b>\$ 0</b>
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	<b>\$ 2482.26</b>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	<b>\$ 24439.56</b>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	<b>\$ 3500.00</b>

<b>18 AFFIDAVIT</b>		
<p>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.</p> <p>*** Electronically Certified ***</p> <p>_____ Signature of Candidate or Officeholder</p>		
AFFIX NOTARY STAMP / SEAL ABOVE		
Sworn to and subscribed before me, by the said <b>Mrs Teri M Castillo</b> , this the <b>15th</b> day of <b>July</b> , <b>2024</b> , to certify which, witness my hand and seal of office.		
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath

# SUBTOTALS - COH

## FORM C/OH COVER SHEET PG 3

<b>19</b> FILER NAME <b>Mrs Teri M Castillo</b>		<b>20</b> Filer ID (Ethics Commission Filers)
<b>21</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	<b>\$ 4740.82</b>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	<b>\$ 0</b>
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	<b>\$ 0</b>
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	<b>\$ 0</b>
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	<b>\$ 2482.26</b>
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	<b>\$ 0</b>
7.	<input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	<b>\$ 0</b>
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	<b>\$ 0</b>
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	<b>\$ 0</b>
10.	<input checked="" type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	<b>\$ 0</b>
11.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	<b>\$ 0</b>
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	<b>\$ 0</b>

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**1 of 26**

2 FILER NAME

**Mrs Teri M Castillo**

3 Filer ID (Ethics Commission Filers)

4 Date  
**1/1/2024**

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

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

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

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

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

Date  
**1/3/2024**

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

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

Contributor address; City; State; Zip Code  
**418 Rosa Verde  
San Antonio, TX 78207**

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

Employer (See instructions)  
**Not Employed**

Date  
**1/6/2024**

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

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

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

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

Employer (See instructions)  
**Retired**

Date  
**1/14/2024**

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

Amount of contribution (\$)  
**1.00**

Contributor address; City; State; Zip Code  
**38 Kent Road  
Wappingers Falls, NY 12590**

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:  
**2 of 26**

2 FILER NAME  
**Mrs Teri M Castillo**

3 Filer ID (Ethics Commission Filers)

4 Date  
**1/16/2024**

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

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

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

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

9 Employer (See instructions)  
**Retired**

Date  
**1/16/2024**

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

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

Contributor address; City; State; Zip Code  
**3400 magic Dr  
San Antonio, TX 78229**

Principal occupation / Job title (See instructions)  
**Hospise Specialist**

Employer (See instructions)  
**Christus VNA**

Date  
**1/18/2024**

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

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

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

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

Employer (See instructions)  
**Sawillos**

Date  
**2/1/2024**

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

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

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

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

Employer (See instructions)  
**Not Employed**

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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**3 of 26**

2 FILER NAME  
**Mrs Teri M Castillo**

3 Filer ID (Ethics Commission Filers)

4 Date  
**2/13/2024**

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

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

6 Contributor address; City; State; Zip Code  
**393 cpw  
Manhattan, NY 10025**

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

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

Date  
**2/13/2024**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Texas Carpenters regional Council, Texas Working Families, Politi**

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

Contributor address; City; State; Zip Code  
**77 Sands St.  
Brooklyn, NY 11201**

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

Employer (See instructions)  
**PAC**

Date  
**2/13/2024**

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

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

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

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

Employer (See instructions)  
**Retired**

Date  
**2/13/2024**

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

Amount of contribution (\$)  
**2.78**

Contributor address; City; State; Zip Code  
**22114 Miller Ridge Road  
Los Gatos, CA 95033**

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:  
**4 of 26**

2 FILER NAME  
**Mrs Teri M Castillo**

3 Filer ID (Ethics Commission Filers)

4 Date  
**2/13/2024**

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

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

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

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

9 Employer (See instructions)  
**Retired**

Date  
**2/14/2024**

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

Amount of contribution (\$)  
**1.00**

Contributor address; City; State; Zip Code  
**38 Kent Road  
Wappingers Falls, NY 12590**

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

Employer (See instructions)  
**Not Employed**

Date  
**2/18/2024**

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

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

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

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

Employer (See instructions)  
**Sawillos**

Date  
**3/1/2024**

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

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

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

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

Employer (See instructions)  
**Not Employed**

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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**5 of 26**

2 FILER NAME  
**Mrs Teri M Castillo**

3 Filer ID (Ethics Commission Filers)

4 Date  
**3/18/2024**

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

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

6 Contributor address; City; State; Zip Code  
**421 S General McMullen Dr.  
San Antonio, TX 78237**

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

9 Employer (See instructions)  
**Sawillos**

Date  
**4/1/2024**

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

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

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

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

Employer (See instructions)  
**Not Employed**

Date  
**4/18/2024**

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

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

Contributor address; City; State; Zip Code  
**421 S General McMullen Dr.  
San Antonio, TX 78237**

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

Employer (See instructions)  
**Sawillos**

Date  
**5/1/2024**

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

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

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

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

Employer (See instructions)  
**Not Employed**

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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**6 of 26**

2 FILER NAME  
**Mrs Teri M Castillo**

3 Filer ID (Ethics Commission Filers)

4 Date  
**6/1/2024**

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

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

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

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

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

Date  
**6/2/2024**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Rachel D. Melendes**

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

Contributor address; City; State; Zip Code  
**210 Hatcher Ave  
San Antonio, TX 78223**

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

Employer (See instructions)  
**UNITE HERE**

Date  
**6/2/2024**

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

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

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

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

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

Date  
**6/2/2024**

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

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

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

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

Employer (See instructions)  
**SAISD**

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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**7 of 26**

2 FILER NAME  
**Mrs Teri M Castillo**

3 Filer ID (Ethics Commission Filers)

4 Date  
**6/2/2024**

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

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

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

8 Principal occupation / Job title (See instructions)  
**Data analyst**

9 Employer (See instructions)  
**TRX Development**

Date  
**6/2/2024**

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

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

Contributor address; City; State; Zip Code  
**2739 w mistletoe  
San Antonio, TX 78228**

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

Employer (See instructions)  
**CWA**

Date  
**6/2/2024**

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

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

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

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

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

Date  
**6/2/2024**

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

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

Contributor address; City; State; Zip Code  
**3238 Walker Oak  
San Antonio, TX 78223**

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

Employer (See instructions)  
**AFSCME**

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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
**8 of 26**

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

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

**4** Date  
**6/2/2024**

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

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

**6** Contributor address; City; State; Zip Code  
**130 e Norwood Ct #2**  
**San Antonio, TX 78212**

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

**9** Employer (See instructions)  
**Texas freedom network**

Date  
**6/2/2024**

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

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

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

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

Employer (See instructions)  
**SAISD**

Date  
**6/2/2024**

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

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

Contributor address; City; State; Zip Code  
**6326 Sovereign Drive #100**  
**San Antonio, TX 78229**

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

Employer (See instructions)  
**AFSCME**

Date  
**6/2/2024**

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

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

Contributor address; City; State; Zip Code  
**2506 Morales St**  
**San Antonio, TX 78207**

Principal occupation / Job title (See instructions)  
**Social Worker**

Employer (See instructions)  
**SAISD**

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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**9 of 26**

2 FILER NAME  
**Mrs Teri M Castillo**

3 Filer ID (Ethics Commission Filers)

4 Date  
**6/2/2024**

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

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

6 Contributor address; City; State; Zip Code  
**111 Probandt #308  
San Antonio, TX 78204**

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

9 Employer (See instructions)  
**NISD**

Date  
**6/2/2024**

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

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

Contributor address; City; State; Zip Code  
**7038 Horizon Peak  
San Antonio, TX 78233**

Principal occupation / Job title (See instructions)  
**Prem tech**

Employer (See instructions)  
**AT&T**

Date  
**6/2/2024**

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

Amount of contribution (\$)  
**75.00**

Contributor address; City; State; Zip Code  
**5335 Marconi St  
San Antonio, TX 78228**

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

Employer (See instructions)  
**Galleria foods**

Date  
**6/2/2024**

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

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

Contributor address; City; State; Zip Code  
**3401 N Mayberry Rd #1026  
Mission, TX 78573**

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

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

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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
**10 of 26**

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

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

**4** Date  
**6/10/2024**

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

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

**6** Contributor address; City; State; Zip Code  
**7501 Carver Avenue Unit  
Austin, TX 78752**

**8** Principal occupation / Job title (See instructions)  
**Operations Specialist**

**9** Employer (See instructions)  
**Travis County**

Date  
**6/13/2024**

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

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

Contributor address; City; State; Zip Code  
**1315 w malone ave  
San Antonio, TX 78225**

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

Employer (See instructions)  
**non-profit**

Date  
**6/15/2024**

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

Amount of contribution (\$)  
**13.50**

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

Principal occupation / Job title (See instructions)  
**Market research**

Employer (See instructions)  
**Self**

Date  
**6/15/2024**

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

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

Contributor address; City; State; Zip Code  
**2542 Babcock Rd  
San Antonio, TX 78229**

Principal occupation / Job title (See instructions)  
**research coordinator**

Employer (See instructions)  
**non profit**

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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**11 of 26**

2 FILER NAME  
**Mrs Teri M Castillo**

3 Filer ID (Ethics Commission Filers)

4 Date  
**6/15/2024**

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

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

6 Contributor address; City; State; Zip Code  
**3811 Meeks Ave  
San Antonio, TX 78210**

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

9 Employer (See instructions)  
**Northside AFT**

Date  
**6/15/2024**

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

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

Contributor address; City; State; Zip Code  
**103 12th Ave #518  
Seattle, WA 98122**

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

Employer (See instructions)  
**Nonprofit**

Date  
**6/15/2024**

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

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

Contributor address; City; State; Zip Code  
**47 Mount Pleasant St  
Amherst, MA 01002**

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

Employer (See instructions)  
**Brown University**

Date  
**6/15/2024**

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

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

Contributor address; City; State; Zip Code  
**12235 Vance Jackson Rd #517  
San Antonio, TX 78230**

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

Employer (See instructions)  
**UT**

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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**12 of 26**

2 FILER NAME  
**Mrs Teri M Castillo**

3 Filer ID (Ethics Commission Filers)

4 Date  
**6/15/2024**

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

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

6 Contributor address; City; State; Zip Code  
**12235 Vance Jackson Rd #517  
San Antonio, TX 78230**

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

9 Employer (See instructions)  
**UT**

Date  
**6/15/2024**

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

Amount of contribution (\$)  
**13.50**

Contributor address; City; State; Zip Code  
**122 S Walnut St #202  
Muncie, IN 47305**

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

Employer (See instructions)  
**Bal State University**

Date  
**6/15/2024**

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

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

Contributor address; City; State; Zip Code  
**4500 Pue Road  
San Antonio, TX 78245**

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

Employer (See instructions)  
**Not Employed**

Date  
**6/15/2024**

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

Amount of contribution (\$)  
**53.00**

Contributor address; City; State; Zip Code  
**11843 Braesview #2114  
San Antonio, TX 78213**

Principal occupation / Job title (See instructions)  
**Insurance Professional**

Employer (See instructions)  
**USAA**

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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>13 of 26</b>
2 FILER NAME <b>Mrs Teri M Castillo</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>6/15/2024</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Karen Muñoz Treviño</b> ..... 6 Contributor address; City; State; Zip Code <b>PO Box 3361</b> <b>San Marcos, TX 78667</b>	7 Amount of contribution (\$) <b>25.00</b>
8 Principal occupation / Job title (See instructions) <b>Attorney</b>		9 Employer (See instructions) <b>LatinoJustice PRLDEF</b>
Date <b>6/15/2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Benjamin Suddaby</b> ..... Contributor address; City; State; Zip Code <b>7501 Carver Avenue Unit</b> <b>Austin, TX 78752</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See instructions) <b>Operations Specialist</b>		Employer (See instructions) <b>Travis County</b>
Date <b>6/15/2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Briauna Barrera</b> ..... Contributor address; City; State; Zip Code <b>338 W Wildwood</b> <b>San Antonio, TX 78212</b>	Amount of contribution (\$) <b>1.50</b>
Principal occupation / Job title (See instructions) <b>Comms</b>		Employer (See instructions) <b>CJNRC</b>
Date <b>6/15/2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Briauna Barrera</b> ..... Contributor address; City; State; Zip Code <b>338 W Wildwood</b> <b>San Antonio, TX 78212</b>	Amount of contribution (\$) <b>7.50</b>
Principal occupation / Job title (See instructions) <b>Comms</b>		Employer (See instructions) <b>CJNRC</b>
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		



# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**14 of 26**

2 FILER NAME  
**Mrs Teri M Castillo**

3 Filer ID (Ethics Commission Filers)

4 Date  
**6/15/2024**

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

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

6 Contributor address; City; State; Zip Code  
**338 W Wildwood  
San Antonio, TX 78212**

8 Principal occupation / Job title (See instructions)  
**Comms Strategist**

9 Employer (See instructions)  
**CJNRC**

Date  
**6/15/2024**

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

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

Contributor address; City; State; Zip Code  
**4784 Creekwood Dr  
Fremont, CA 94555**

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

Employer (See instructions)  
**Not Employed**

Date  
**6/15/2024**

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

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

Contributor address; City; State; Zip Code  
**7362 Monets Garden  
San Antonio, TX 78218**

Principal occupation / Job title (See instructions)  
**City Councilman**

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

Date  
**6/15/2024**

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

Amount of contribution (\$)  
**13.50**

Contributor address; City; State; Zip Code  
**9306 Hoke  
San Antonio, TX 78254**

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

Employer (See instructions)  
**Self**

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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**15 of 26**

2 FILER NAME  
**Mrs Teri M Castillo**

3 Filer ID (Ethics Commission Filers)

4 Date  
**6/15/2024**

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

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

6 Contributor address; City; State; Zip Code  
**6623 Callaghan Road #901  
San Antonio, TX 78229**

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

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

Date  
**6/15/2024**

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

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

Contributor address; City; State; Zip Code  
**22 Cross Canyon  
San Antonio, TX 78247**

Principal occupation / Job title (See instructions)  
**Customer Relations Executive**

Employer (See instructions)  
**BD (Becton Dickinson)**

Date  
**6/15/2024**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Nadia De la garza**

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

Contributor address; City; State; Zip Code  
**11843 Braesview #2001  
San Antonio, TX 78213**

Principal occupation / Job title (See instructions)  
**Comms director**

Employer (See instructions)  
**D1**

Date  
**6/15/2024**

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

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

Contributor address; City; State; Zip Code  
**215 E CEVALLOS #244  
San Antonio, TX 78204**

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

Employer (See instructions)  
**Tiny brain llc**

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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 26**

2 FILER NAME  
**Mrs Teri M Castillo**

3 Filer ID (Ethics Commission Filers)

4 Date  
**6/15/2024**

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

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

6 Contributor address; City; State; Zip Code  
**1103 Gutierrez  
San Antonio, TX 78207**

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

9 Employer (See instructions)  
**Okcoin**

Date  
**6/15/2024**

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

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

Contributor address; City; State; Zip Code  
**130 Blakeley Dr  
San Antonio, TX 78209**

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

Employer (See instructions)  
**UT Health San Antonio**

Date  
**6/15/2024**

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

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

Contributor address; City; State; Zip Code  
**4847 Brandeis ST #5101  
San Antonio, TX 78249**

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

Employer (See instructions)  
**University**

Date  
**6/15/2024**

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

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

Contributor address; City; State; Zip Code  
**8503 Braun Path  
San Antonio, TX 78254**

Principal occupation / Job title (See instructions)  
**Doing thangs**

Employer (See instructions)  
**That place**

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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
**17 of 26**

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

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

**4** Date  
**6/15/2024**

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

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

**6** Contributor address; City; State; Zip Code  
**100 N Santa Rosa #807  
San Antonio, TX 78207**

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

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

Date  
**6/15/2024**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Myra S. Dumapias**

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

Contributor address; City; State; Zip Code  
**7407 Legend Point Drive  
San Antonio, TX 78244**

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

Employer (See instructions)  
**Pilipino Workers Center**

Date  
**6/15/2024**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Barbara Robles-Ramamurthy**

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

Contributor address; City; State; Zip Code  
**12018 Sandbar Hill  
San Antonio, TX 78230**

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

Employer (See instructions)  
**Teku**

Date  
**6/15/2024**

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

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

Contributor address; City; State; Zip Code  
**111 Rhinestone Dr  
San Antonio, TX 78233**

Principal occupation / Job title (See instructions)  
**Lead Associate**

Employer (See instructions)  
**Save the Children**

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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**18 of 26**

2 FILER NAME  
**Mrs Teri M Castillo**

3 Filer ID (Ethics Commission Filers)

4 Date  
**6/15/2024**

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Marissa Levinson Mosk**

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

6 Contributor address; City; State; Zip Code  
**3324 Belknap Pl  
San Antonio, TX 78212**

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

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

Date  
**6/15/2024**

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

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

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  
**6/15/2024**

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

Amount of contribution (\$)  
**53.00**

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  
**6/15/2024**

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

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

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

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

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

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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 26**

2 FILER NAME  
**Mrs Teri M Castillo**

3 Filer ID (Ethics Commission Filers)

4 Date  
**6/15/2024**

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

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

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

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

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

Date  
**6/15/2024**

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

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

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

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

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

Date  
**6/15/2024**

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

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

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

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

Employer (See instructions)  
**SAISD**

Date  
**6/15/2024**

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

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

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

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

Employer (See instructions)  
**SAISD**

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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 26**

2 FILER NAME  
**Mrs Teri M Castillo**

3 Filer ID (Ethics Commission Filers)

4 Date  
**6/15/2024**

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

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

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

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

9 Employer (See instructions)  
**SAISD**

Date  
**6/15/2024**

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

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

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

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

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

Date  
**6/15/2024**

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

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

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

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

Employer (See instructions)  
**SAISD**

Date  
**6/15/2024**

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

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

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

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

Employer (See instructions)  
**SAISD**

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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**21 of 26**

2 FILER NAME  
**Mrs Teri M Castillo**

3 Filer ID (Ethics Commission Filers)

4 Date  
**6/15/2024**

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

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

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

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

9 Employer (See instructions)  
**SAISD**

Date  
**6/16/2024**

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

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

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

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

Employer (See instructions)  
**San Antonio Independent School District**

Date  
**6/16/2024**

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

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

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

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

Employer (See instructions)  
**Self-Employed**

Date  
**6/16/2024**

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

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

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

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

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

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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>22 of 26</b>
2 FILER NAME <b>Mrs Teri M Castillo</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>6/16/2024</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Albert Wylie</b> ..... 6 Contributor address; City; State; Zip Code <b>3923 W Salinas St</b> <b>San Antonio, TX 78207</b>	7 Amount of contribution (\$) <b>2.50</b>
8 Principal occupation / Job title (See instructions) <b>Constituent Services</b>		9 Employer (See instructions) <b>San Antonio District 5</b>
Date <b>6/16/2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Scarlett Pacheco</b> ..... Contributor address; City; State; Zip Code <b>314 Cypressgarden Dr</b> <b>San Antonio, TX 78245</b>	Amount of contribution (\$) <b>5.00</b>
Principal occupation / Job title (See instructions) <b>Community Builder</b>		Employer (See instructions) <b>ACT4SA</b>
Date <b>6/16/2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Taylor Galvan</b> ..... Contributor address; City; State; Zip Code <b>838 Clower</b> <b>San Antonio, TX 78212</b>	Amount of contribution (\$) <b>10.00</b>
Principal occupation / Job title (See instructions) <b>Not Employed</b>		Employer (See instructions) <b>Not Employed</b>
Date <b>6/16/2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Rhett Parr</b> ..... Contributor address; City; State; Zip Code <b>13000 VISTA DEL NORTE</b> <b>San Antonio, TX 78216</b>	Amount of contribution (\$) <b>10.00</b>
Principal occupation / Job title (See instructions) <b>Law Clerk</b>		Employer (See instructions) <b>Attorney</b>
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>23 of 26</b>
2 FILER NAME <b>Mrs Teri M Castillo</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>6/16/2024</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mary Moore</b> ..... 6 Contributor address; City; State; Zip Code <b>710 W MAIN ST</b> <b>Muncie, IN 47305</b>	7 Amount of contribution (\$) <b>25.00</b>
8 Principal occupation / Job title (See instructions) <b>Instructor</b>		9 Employer (See instructions) <b>Ball State University</b>
Date <b>6/16/2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Robinson Block</b> ..... Contributor address; City; State; Zip Code <b>4315 Darter St None</b> <b>Houston, TX 77009</b>	Amount of contribution (\$) <b>34.00</b>
Principal occupation / Job title (See instructions) <b>Firefighter</b>		Employer (See instructions) <b>Houston Fire Department</b>
Date <b>6/17/2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Maria Salazar</b> ..... Contributor address; City; State; Zip Code <b>239 Teodora Drive</b> <b>Rio Grande City, TX 78582</b>	Amount of contribution (\$) <b>25.00</b>
Principal occupation / Job title (See instructions) <b>Not Employed</b>		Employer (See instructions) <b>Not Employed</b>
Date <b>6/17/2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Joel Mayer</b> ..... Contributor address; City; State; Zip Code <b>512 Ross St</b> <b>Farmington, NM 87401</b>	Amount of contribution (\$) <b>25.00</b>
Principal occupation / Job title (See instructions) <b>Retired</b>		Employer (See instructions) <b>Not Employed</b>
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**24 of 26**

2 FILER NAME  
**Mrs Teri M Castillo**

3 Filer ID (Ethics Commission Filers)

4 Date  
**6/17/2024**

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

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

6 Contributor address; City; State; Zip Code  
**4802 Flicker Lane  
Austin, TX 78744**

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

9 Employer (See instructions)  
**Choice Magazine Listening**

Date  
**6/17/2024**

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

Amount of contribution (\$)  
**1.00**

Contributor address; City; State; Zip Code  
**338 W Wildwood  
San Antonio, TX 78212**

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

Employer (See instructions)  
**CJNRC**

Date  
**6/18/2024**

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

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

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

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

Employer (See instructions)  
**PAC**

Date  
**6/18/2024**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Northside AFT Committe on Political Education**

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

Contributor address; City; State; Zip Code  
**6800 Park Ten Blvd  
San Antonio, TX 78213**

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

Employer (See instructions)  
**PAC**

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

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

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>25 of 26</b>
2 FILER NAME <b>Mrs Teri M Castillo</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>6/18/2024</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Richard Oppenheim</b> ..... 6 Contributor address; City; State; Zip Code <b>1102 Haltown San Antonio, TX 78213</b>	7 Amount of contribution (\$) <b>100.00</b>
8 Principal occupation / Job title (See instructions) <b>Retired</b>		9 Employer (See instructions) <b>Retired</b>
Date <b>6/28/2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Thad Rutherford</b> ..... Contributor address; City; State; Zip Code <b>1118 Vintage Way New Braunfels, TX 78142</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See instructions) <b>Real Estate</b>		Employer (See instructions) <b>Southstar Communities</b>
Date <b>6/29/2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Nicolette Ardiente</b> ..... Contributor address; City; State; Zip Code <b>6974 OAK DR APT #1120 SAN ANTONIO, TX 78256</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See instructions) <b>Community Engagement Manager</b>		Employer (See instructions) <b>Asian Texans for Justice</b>
Date <b>6/29/2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Eduardo Flores</b> ..... Contributor address; City; State; Zip Code <b>8323 Sierra Hermosa San Antonio, TX 78255-3375</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See instructions) <b>Attorney</b>		Employer (See instructions) <b>Self</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements		

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**26 of 26**

2 FILER NAME  
**Mrs Teri M Castillo**

3 Filer ID (Ethics Commission Filers)

4 Date  
**6/29/2024**

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

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

6 Contributor address; City; State; Zip Code  
**222 Hennepin Ave #536  
Minneapolis, MN 55401**

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

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

Date  
**6/29/2024**

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

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

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

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

Employer (See instructions)  
**Self**

Date  
**6/30/2024**

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

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

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

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

Employer (See instructions)  
**NextGen America**

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See instructions)

Employer (See instructions)

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

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

## NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 1 of 1	
2 FILER NAME Mrs Teri M Castillo		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0	
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)  7 Contributor address; City; State; Zip Code	8 Amount of Contribution \$ 9 In-kind contribution description  <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)  Contributor address; City; State; Zip Code	Amount of Contribution \$ In-kind contribution description  <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements			

# PLEDGED CONTRIBUTIONS

## SCHEDULE B

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

# LOANS

## SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:  
1 of 1

2 FILER NAME  
Mrs Teri M Castillo

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$ 0

5 Date of loan

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

9 Loan Amount (\$)

6 Is lender a  
financial  
institution?

8 Lender address; City; State; Zip Code

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See instructions)

13 Employer (See instructions)

14 Description of Collateral

☐ none

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

16 GUARANTOR  
INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address; City; State; Zip Code

☐ not applicable

20 Principal occupation (See instructions)

21 Employer (See instructions)

Date of loan

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

Loan Amount (\$)

Is lender a  
financial  
institution?

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See instructions)

Employer (See instructions)

Description of Collateral

☐ none

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

GUARANTOR  
INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

☐ not applicable

Principal occupation (See instructions)

Employer (See instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>1 of 4</b>	<b>2</b> FILER NAME <b>Mrs Teri M Castillo</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>1/8/2024</b>	<b>5</b> Payee name <b>MailChimp</b>	
<b>6</b> Amount (\$) <b>76.75</b>	<b>7</b> Payee address; City; State; Zip Code <b>675 Ponce de Leon Ave NE Atlanta, GA 30308</b>	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Fees</b>	<b>(b)</b> Description <b>platform fee</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

  

Date <b>1/9/2024</b>	Payee name <b>VANTIV eCommerce</b>	
Amount (\$) <b>0.62</b>	Payee address; City; State; Zip Code <b>900 Chelmsford St Lowell, MA 01851</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Fees</b>	Description <b>transfer fee</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

  

Date <b>2/6/2024</b>	Payee name <b>MailChimp</b>	
Amount (\$) <b>76.75</b>	Payee address; City; State; Zip Code <b>675 Ponce de Leon Ave NE Atlanta, GA 30308</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Fees</b>	Description <b>platform fee</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>2 of 4</b>	<b>2</b> FILER NAME <b>Mrs Teri M Castillo</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>2/9/2024</b>	<b>5</b> Payee name <b>VANTIV eCommerce</b>		
<b>6</b> Amount (\$) <b>0.62</b>	<b>7</b> Payee address; City; State; Zip Code <b>900 Chelmsford St Lowell, MA 01851</b>		
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Fees</b>		<b>(b)</b> Description <b>Transfer Fee</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date <b>3/6/2024</b>	Payee name <b>MailChimp</b>		
Amount (\$) <b>76.75</b>	Payee address; City; State; Zip Code <b>675 Ponce de Leon Ave NE Atlanta, GA 30308</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Fees</b>		Description <b>Platform fee</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date <b>3/6/2024</b>	Payee name <b>TEXAS DEMOCRATIC PARTY</b>		
Amount (\$) <b>740.00</b>	Payee address; City; State; Zip Code <b>1844 Fredericksburg Rd San Antonio, TX 78201</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Fees</b>		Description <b>Platform fee</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>3 of 4</b>	<b>2</b> FILER NAME <b>Mrs Teri M Castillo</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>3/11/2024</b>	<b>5</b> Payee name <b>VANTIV eCommerce</b>		
<b>6</b> Amount (\$) <b>0.50</b>	<b>7</b> Payee address; City; State; Zip Code <b>900 Chelmsford St Lowell, MA 01851</b>		
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Fees</b>		<b>(b)</b> Description <b>Transfer fee</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date <b>4/8/2024</b>	Payee name <b>MailChimp</b>		
Amount (\$) <b>76.75</b>	Payee address; City; State; Zip Code <b>675 Ponce de Leon Ave NE Atlanta, GA 30308</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Fees</b>		Description <b>platform fee</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date <b>4/17/2024</b>	Payee name <b>USPS</b>		
Amount (\$) <b>232.00</b>	Payee address; City; State; Zip Code <b>1140 S Laredo St San Antonio, TX 78207</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Fees</b>		Description <b>PO Box Fee</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>			

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>4 of 4</b>	<b>2</b> FILER NAME <b>Mrs Teri M Castillo</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>5/6/2024</b>	<b>5</b> Payee name <b>MailChimp</b>		
<b>6</b> Amount (\$) <b>76.75</b>	<b>7</b> Payee address; City; State; Zip Code <b>675 Ponce de Leon Ave NE Atlanta, GA 30308</b>		
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Fees</b>		<b>(b)</b> Description <b>platform fee</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date <b>6/3/2024</b>	Payee name <b>SELF BRANDED SA</b>		
Amount (\$) <b>1048.02</b>	Payee address; City; State; Zip Code <b>3212 Northwestern San Antonio, TX 78238</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Printing Expense</b>		Description <b>T-shirts</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date <b>6/6/2024</b>	Payee name <b>MailChimp</b>		
Amount (\$) <b>76.75</b>	Payee address; City; State; Zip Code <b>675 Ponce de Leon Ave NE Atlanta, GA 30308</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Fees</b>		Description <b>platform fee</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			

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

# UNPAID INCURRED OBLIGATIONS

## SCHEDULE F2

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F2: <b>1 of 1</b>	<b>2</b> FILER NAME <b>Mrs Teri M Castillo</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		<b>\$ 0</b>
<b>5</b> Date	<b>6</b> Payee name	
<b>7</b> Amount (\$)	<b>8</b> Payee address; City; State; Zip Code	
<b>9</b> TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule)	<b>(b)</b> Description
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought
		Office held

  

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

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# PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F3**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule F3:  
**1 of 1**

**2** FILER NAME

**Mrs Teri M Castillo**

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

**4** Date

**5** Name of person from whom investment is purchased

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

**7** Description of investment

**8** Amount of investment (\$)

Date

Name of person from whom investment is purchased

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

Description of investment

Amount of investment (\$)

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# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F4: <b>1 of 1</b>	<b>2</b> FILER NAME <b>Mrs Teri M Castillo</b>	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	<b>\$ 0</b>
--	-------------

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

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

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

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

<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form

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

  

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

  

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

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

## SCHEDULE H

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

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

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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE I**

The Instruction Guide explains how to complete this form.

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

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

**SCHEDULE K**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

1 of 1

2 FILER NAME

Mrs Teri M Castillo

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom amount is received

8 Amount (\$)

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

7 Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

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

Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

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

Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

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

Purpose for which amount is received

☐ Check if political contribution returned to filer

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

**SCHEDULE T**

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

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

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

C/OH NAME  
Mrs Teri M Castillo

Filer ID (Ethics Commission Filers)

## SIGNATURE

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

\_\_\_\_\_  
Signature of Candidate / Officeholder

## FILER WHO IS NOT AN OFFICEHOLDER

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

### A. CAMPAIGN FUNDS

Check only one:

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

### B. ASSETS

Check only one:

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

\_\_\_\_\_  
Signature of Candidate

## OFFICEHOLDER

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

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

\_\_\_\_\_  
Signature of Officeholder