

**FORM C/OH**  
**COVER SHEET PG 1**

**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>	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.
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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

<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	<b>\$ 0</b>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	<b>\$ 13979.20</b>
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES.	<b>\$ 0</b>
	4. TOTAL POLITICAL EXPENDITURES	<b>\$ 9232.58</b>
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	<b>\$ 8783.15</b>
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	<b>\$ 3500.00</b>

## 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 1st 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

<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>\$ 13654.20</b>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	<b>\$ 325.00</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>\$ 9232.58</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>\$ 14.50</b>

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
**1 of 43**

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

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

**4** Date  
**1/1/2021**

**5** Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Saenz Estella m**

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

**6** Contributor address; City; State; Zip Code  
**2102 w Cesar e Chavez blvd  
San Antonio, TX 78229**

**8** Principal occupation / Job title (See instructions)  
**Instructional assistants**

**9** Employer (See instructions)  
**Saisd**

Date  
**1/2/2021**

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

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

Contributor address; City; State; Zip Code  
**1022 Fabulous Dr A  
San Antonio, TX 78217**

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

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

Date  
**1/2/2021**

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

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

Contributor address; City; State; Zip Code  
**118 Oklahoma St.  
San Antonio, TX 78219**

Principal occupation / Job title (See instructions)  
**Senior Secuirty Analyst**

Employer (See instructions)  
**NISD**

Date  
**1/4/2021**

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

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

Contributor address; City; State; Zip Code  
**514 Westwood Drive  
San Antonio, TX 78264**

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

Employer (See instructions)  
**Texas School District**

**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 43**

2 FILER NAME  
**Mrs Teri M Castillo**

3 Filer ID (Ethics Commission Filers)

4 Date  
**1/4/2021**

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

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

6 Contributor address; City; State; Zip Code  
**1806 Flowerdale St  
San Antonio, TX 78251-1606**

8 Principal occupation / Job title (See instructions)  
**Cardiovascular technologist**

9 Employer (See instructions)  
**Methodist Hospital**

Date  
**1/4/2021**

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

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

Contributor address; City; State; Zip Code  
**1811 E Highland Blvd  
San Antonio, TX 78245**

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

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

Date  
**1/4/2021**

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

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

Contributor address; City; State; Zip Code  
**3907 Maiden Way  
Converse, TX 78202**

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

Employer (See instructions)  
**Matheson**

Date  
**1/4/2021**

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

Amount of contribution (\$)  
**29.00**

Contributor address; City; State; Zip Code  
**229 vance St  
San Antonio, TX 78204**

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

Employer (See instructions)  
**UTSA**

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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 43**

2 FILER NAME  
**Mrs Teri M Castillo**

3 Filer ID (Ethics Commission Filers)

4 Date  
**1/5/2021**

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

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

6 Contributor address; City; State; Zip Code  
**910 West Mariposa Drive  
San Antonio, TX 94122**

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

9 Employer (See instructions)  
**Arts nonprofit**

Date  
**1/7/2021**

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

Amount of contribution (\$)  
**150.00**

Contributor address; City; State; Zip Code  
**2510 Monterey  
San antonio, TX 78245**

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

Employer (See instructions)  
**IBEW**

Date  
**1/7/2021**

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

Amount of contribution (\$)  
**47.00**

Contributor address; City; State; Zip Code  
**6431 Brookway Drive  
San Antonio, TX 78201**

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

Employer (See instructions)  
**Zachry Group**

Date  
**1/7/2021**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Jaimes Place, LLC**

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

Contributor address; City; State; Zip Code  
**1514 W Commerce St  
San Antonio, TX 78207**

Principal occupation / Job title (See instructions)

Employer (See instructions)

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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 43**

2 FILER NAME  
**Mrs Teri M Castillo**

3 Filer ID (Ethics Commission Filers)

4 Date  
**1/9/2021**

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

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

6 Contributor address; City; State; Zip Code  
**8639 Fairhaven st. #3113  
San Antonio, TX 78211**

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

9 Employer (See instructions)  
**Alamo College**

Date  
**1/9/2021**

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

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

Contributor address; City; State; Zip Code  
**4950 Dare Lane  
San Antonio, TX 78225**

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

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

Date  
**1/9/2021**

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

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

Contributor address; City; State; Zip Code  
**4834 Dick Gordon Dr  
San Antonio, TX 78207**

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

Employer (See instructions)  
**Marriott International**

Date  
**1/11/2021**

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

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

Contributor address; City; State; Zip Code  
**22606 petwood dr  
San Antonio, TX 78245**

Principal occupation / Job title (See instructions)  
**Hvac technician**

Employer (See instructions)  
**Airtron**

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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 43**

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

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

**4** Date  
**1/12/2021**

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

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

**6** Contributor address; City; State; Zip Code  
**3311 Meadow DR  
San Antonio, TX 78250**

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

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

Date  
**1/12/2021**

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

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

Contributor address; City; State; Zip Code  
**2903 Edison Crest  
San Antonio, TX 78210**

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

Employer (See instructions)  
**MTC INC.**

Date  
**1/12/2021**

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

Amount of contribution (\$)  
**47.00**

Contributor address; City; State; Zip Code  
**1303 Paso Hondo  
San Antonio, TX 78210**

Principal occupation / Job title (See instructions)  
**Property management**

Employer (See instructions)  
**SIMPLLC**

Date  
**1/12/2021**

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

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

Contributor address; City; State; Zip Code  
**119 rehmann st  
San Antonio, TX 78218**

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

Employer (See instructions)  
**Lopez flooring**

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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 43**

2 FILER NAME  
**Mrs Teri M Castillo**

3 Filer ID (Ethics Commission Filers)

4 Date  
**1/12/2021**

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

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

6 Contributor address; City; State; Zip Code  
**1370 27th Ave  
San Francisco, CA 75071**

8 Principal occupation / Job title (See instructions)  
**Histotechnologist I**

9 Employer (See instructions)  
**UCSF**

Date  
**1/12/2021**

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

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

Contributor address; City; State; Zip Code  
**1455 Cable Ranch Rd.  
San Antonio, TX 78207**

Principal occupation / Job title (See instructions)  
**Customer service**

Employer (See instructions)  
**TaskUs**

Date  
**1/12/2021**

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

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

Contributor address; City; State; Zip Code  
**2205 Santa Anna  
San Antonio, TX 78232**

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

Employer (See instructions)  
**Not Employed**

Date  
**1/14/2021**

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

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

Contributor address; City; State; Zip Code  
**2919 Owasso  
San Antonio, TX 78209**

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

Employer (See instructions)  
**Churchs chicken**

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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 43**

2 FILER NAME  
**Mrs Teri M Castillo**

3 Filer ID (Ethics Commission Filers)

4 Date  
**1/14/2021**

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

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

6 Contributor address; City; State; Zip Code  
**129 Taft Blvd  
San Antonio, TX 78234**

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

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

Date  
**1/14/2021**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Saenz Estella m**

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

Contributor address; City; State; Zip Code  
**2102 w Cesar e Chavez blvd  
San Antonio, TX 78617**

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

Employer (See instructions)  
**SAISD**

Date  
**1/14/2021**

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

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

Contributor address; City; State; Zip Code  
**9027 Via Hermosa  
San Antonio, TX 78208**

Principal occupation / Job title (See instructions)  
**Licensed Real Estate Agent**

Employer (See instructions)  
**Redbird Realty LLC**

Date  
**1/14/2021**

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

Amount of contribution (\$)  
**150.00**

Contributor address; City; State; Zip Code  
**9134 Mirecourt  
San Antonio, TX 78201**

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

Employer (See instructions)  
**Garage Cell**

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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 43**

2 FILER NAME  
**Mrs Teri M Castillo**

3 Filer ID (Ethics Commission Filers)

4 Date  
**1/14/2021**

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

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

6 Contributor address; City; State; Zip Code  
**118 Arlington Ct.  
San Antonio, TX 30312**

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

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

Date  
**1/14/2021**

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

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

Contributor address; City; State; Zip Code  
**1011 San Carlos St  
San Antonio, TX 78207-6726**

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

Employer (See instructions)  
**N/A**

Date  
**1/15/2021**

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

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

Contributor address; City; State; Zip Code  
**17010 Vera Cruz St.  
San Antonio, TX 78207-6039**

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

Employer (See instructions)  
**N/A**

Date  
**1/15/2021**

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

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

Contributor address; City; State; Zip Code  
**602 Avant Ave  
San Antonio, TX 78254**

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

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

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

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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**9 of 43**

2 FILER NAME  
**Mrs Teri M Castillo**

3 Filer ID (Ethics Commission Filers)

4 Date  
**1/15/2021**

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

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

6 Contributor address; City; State; Zip Code  
**7362 Monets Gdn  
San Antonio, TX 78240**

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

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

Date  
**1/16/2021**

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

Amount of contribution (\$)  
**70.00**

Contributor address; City; State; Zip Code  
**3110 El Paso  
San Antonio, TX 78207**

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

Employer (See instructions)  
**N/A**

Date  
**1/17/2021**

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

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

Contributor address; City; State; Zip Code  
**303 Cass Ave  
San Antonio, TX 78207**

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

Employer (See instructions)

Date  
**1/20/2021**

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

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

Contributor address; City; State; Zip Code  
**3208 Sprucewood Dr  
McKinney, TX 78207**

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

Employer (See instructions)  
**Marsh USA**

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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 43**

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

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

**4** Date  
**1/21/2021**

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

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

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

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

**9** Employer (See instructions)  
**Walgreens**

Date  
**1/21/2021**

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

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

Contributor address; City; State; Zip Code  
**819 Iowa  
San Antonio, TX 78203**

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

Employer (See instructions)  
**N/A**

Date  
**1/22/2021**

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

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

Contributor address; City; State; Zip Code  
**1415 CHIHUAHUA ST  
SAN ANTONIO, TX 78212**

Principal occupation / Job title (See instructions)  
**Security Systems**

Employer (See instructions)  
**Amco Security Systems**

Date  
**1/23/2021**

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

Amount of contribution (\$)  
**47.00**

Contributor address; City; State; Zip Code  
**15219 Chalet DR  
San Antonio, TX 78207**

Principal occupation / Job title (See instructions)  
**Program Manager**

Employer (See instructions)  
**Girls on the Run Bexar County**

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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 43**

2 FILER NAME  
**Mrs Teri M Castillo**

3 Filer ID (Ethics Commission Filers)

4 Date  
**1/23/2021**

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

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

6 Contributor address; City; State; Zip Code  
**1320 Austin Highway #8108  
San Antonio, TX 78230**

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

9 Employer (See instructions)  
**Public School TX**

Date  
**1/23/2021**

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

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

Contributor address; City; State; Zip Code  
**2492 Chaffee Road  
San Antonio, TX 78212**

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

Employer (See instructions)  
**Not Employed**

Date  
**1/23/2021**

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

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

Contributor address; City; State; Zip Code  
**15205 Spruce Frost Cove  
Del Valle, TX 78212**

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

Employer (See instructions)  
**UT Austin**

Date  
**1/23/2021**

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

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

Contributor address; City; State; Zip Code  
**532 mason  
San Antonio, TX 78212**

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

Employer (See instructions)  
**JT Brackenridge**

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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 43**

2 FILER NAME  
**Mrs Teri M Castillo**

3 Filer ID (Ethics Commission Filers)

4 Date  
**1/23/2021**

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

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

6 Contributor address; City; State; Zip Code  
**2234 Fresno  
San Antonio, TX 78208**

8 Principal occupation / Job title (See instructions)  
**META Consultants**

9 Employer (See instructions)  
**Data analyst**

Date  
**1/25/2021**

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

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

Contributor address; City; State; Zip Code  
**472 Martin St  
Atlanta, GA 78201**

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

Employer (See instructions)  
**startup**

Date  
**1/25/2021**

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

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

Contributor address; City; State; Zip Code  
**7615 William Bonney  
San Antonio, TX 30312**

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

Employer (See instructions)  
**Century 21 Northside**

Date  
**1/25/2021**

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

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

Contributor address; City; State; Zip Code  
**7520 linkview st  
san antonio, TX 78254**

Principal occupation / Job title (See instructions)  
**Software developer**

Employer (See instructions)  
**Southwest research institute**

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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**13 of 43**

2 FILER NAME  
**Mrs Teri M Castillo**

3 Filer ID (Ethics Commission Filers)

4 Date  
**1/26/2021**

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

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

6 Contributor address; City; State; Zip Code  
**1013 S San Jacinto st  
san antonio, TX 78240**

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

9 Employer (See instructions)  
**Independent contractor**

Date  
**1/28/2021**

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

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

Contributor address; City; State; Zip Code  
**309 West Magnolia Avenue  
San Antonio, TX 78207**

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

Employer (See instructions)  
**Thompson Print Solutions**

Date  
**1/29/2021**

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

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

Contributor address; City; State; Zip Code  
**2718 Monterey  
San Antonio, TX 78212**

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

Employer (See instructions)  
**Not Employed**

Date  
**1/30/2021**

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

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

Contributor address; City; State; Zip Code  
**11310 Whisper Falls St.  
San Antonio, TX 78207**

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:  
**14 of 43**

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

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

**4** Date  
**1/30/2021**

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

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

**6** Contributor address; City; State; Zip Code  
**501 Shook Ave  
SAN ANTONIO, TX 78230**

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

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

Date  
**1/30/2021**

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

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

Contributor address; City; State; Zip Code  
**407 E Park Ave  
San Antonio, TX 78212**

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

Employer (See instructions)  
**Trinity University**

Date  
**1/30/2021**

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

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

Contributor address; City; State; Zip Code  
**516 Westwood  
SAN ANTONIO, TX 78212**

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

Employer (See instructions)  
**SAISD**

Date  
**1/30/2021**

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

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

Contributor address; City; State; Zip Code  
**3110 El Paso  
San Antonio, TX 78207**

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

Employer (See instructions)  
**N/A**

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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 43**

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

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

**4** Date  
**1/30/2021**

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

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

**6** Contributor address; City; State; Zip Code  
**527 Torreon St  
San Antonio, TX 78207**

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

**9** Employer (See instructions)  
**N/A**

Date  
**2/1/2021**

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

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

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

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

Employer (See instructions)  
**N/A**

Date  
**2/1/2021**

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

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

Contributor address; City; State; Zip Code  
**8227 Coppergate  
Converse, TX 78109**

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

Employer (See instructions)  
**Huntington Ingalls Industries**

Date  
**2/1/2021**

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

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

Contributor address; City; State; Zip Code  
**1535 Betty  
San Antonio, TX 78224**

Principal occupation / Job title (See instructions)  
**Hospice Care**

Employer (See instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>16 of 43</b>
2 FILER NAME <b>Mrs Teri M Castillo</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/1/2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Raymundo Morales Jr</b> ..... 6 Contributor address; City; State; Zip Code <b>203 Medford Drive</b> <b>San Antonio, TX 78209</b>	7 Amount of contribution (\$) <b>400.00</b>
8 Principal occupation / Job title (See instructions) <b>Retired</b>		9 Employer (See instructions) <b>N/A</b>
Date <b>2/1/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Irma M Hofmann</b> ..... Contributor address; City; State; Zip Code <b>3011 White Tail Dr.</b> <b>San Antonio, TX 78228</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See instructions) <b>Retired</b>		Employer (See instructions) <b>N/A</b>
Date <b>2/1/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Abel Martinez</b> ..... Contributor address; City; State; Zip Code <b>5759 Ascham</b> <b>San Antonio, TX 78216</b>	Amount of contribution (\$) <b>25.00</b>
Principal occupation / Job title (See instructions) <b>Case worker</b>		Employer (See instructions) <b>Haven for Hope</b>
Date <b>2/1/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>James Long</b> ..... Contributor address; City; State; Zip Code <b>2508 Tampico Street</b> <b>San Antonio, TX 78255</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See instructions) <b>Teacher</b>		Employer (See instructions) <b>SAISD</b>
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
**17 of 43**

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

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

**4** Date  
**2/2/2021**

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

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

**6** Contributor address; City; State; Zip Code  
**3208 James Dr  
Dallas, TX 78251-1606**

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

**9** Employer (See instructions)  
**Dallas Independent School District**

Date  
**2/2/2021**

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

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

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

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

Employer (See instructions)  
**N/A**

Date  
**2/3/2021**

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

Amount of contribution (\$)  
**47.00**

Contributor address; City; State; Zip Code  
**114 E HUISACHE AVE  
SAN ANTONIO, TX 78204**

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

Employer (See instructions)  
**UTSA**

Date  
**2/5/2021**

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

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

Contributor address; City; State; Zip Code  
**566 Calm Springs  
San Antonio, TX 78207**

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

Employer (See instructions)  
**KB Home**

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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 43**

2 FILER NAME  
**Mrs Teri M Castillo**

3 Filer ID (Ethics Commission Filers)

4 Date  
**2/7/2021**

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

7 Amount of contribution (\$) **47.00**

6 Contributor address; City; State; Zip Code  
**6431 Brookway Drive  
San Antonio, TX 78250**

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

9 Employer (See instructions)  
**Zachry Group**

Date  
**2/7/2021**

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

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

Contributor address; City; State; Zip Code  
**330 Clay St #17  
San Antonio, TX 78207-1326**

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

Employer (See instructions)  
**UTHSCSA**

Date  
**2/8/2021**

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

Amount of contribution (\$) **150.00**

Contributor address; City; State; Zip Code  
**603 Theresa Ave  
Austin, TX 78253-5304**

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

Employer (See instructions)  
**Texas Low Incine Housing Information Service**

Date  
**2/8/2021**

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

Amount of contribution (\$) **47.00**

Contributor address; City; State; Zip Code  
**1309 Nicklaus  
Laredo, TX 78250**

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

Employer (See instructions)  
**Texas Housers**

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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>19 of 43</b>
2 FILER NAME <b>Mrs Teri M Castillo</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/8/2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Ricardo Briones</b> ..... 6 Contributor address; City; State; Zip Code <b>230 W Whittier</b> <b>San Antonio, TX 78212</b>	7 Amount of contribution (\$) <b>150.00</b>
8 Principal occupation / Job title (See instructions) <b>Attorney</b>		9 Employer (See instructions) <b>Self</b>
Date <b>2/9/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Brent Biglin</b> ..... Contributor address; City; State; Zip Code <b>419 Rosa Verde</b> <b>San Antonio, TX 78209</b>	Amount of contribution (\$) <b>47.00</b>
Principal occupation / Job title (See instructions) <b>Designer</b>		Employer (See instructions) <b>Dell</b>
Date <b>2/10/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Diego Bernal</b> ..... Contributor address; City; State; Zip Code <b>7211 Dubies Drive</b> <b>San Antonio, TX 78209</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See instructions) <b>Attorney</b>		Employer (See instructions) <b>Self</b>
Date <b>2/10/2021</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</b> <b>San Antonio, TX 78240</b>	Amount of contribution (\$) <b>200.00</b>
Principal occupation / Job title (See instructions) <b>Attorney</b>		Employer (See instructions) <b>Self 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:  
**20 of 43**

2 FILER NAME  
**Mrs Teri M Castillo**

3 Filer ID (Ethics Commission Filers)

4 Date  
**2/12/2021**

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

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

6 Contributor address; City; State; Zip Code  
**3311 Meadow DR  
San Antonio, TX 78237**

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

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

Date  
**2/13/2021**

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

Amount of contribution (\$)  
**67.00**

Contributor address; City; State; Zip Code  
**128 Drake Ave  
San Antonio, TX 78228**

Principal occupation / Job title (See instructions)  
**CPS Energy**

Employer (See instructions)

Date  
**2/13/2021**

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

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

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

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

Employer (See instructions)  
**Not Employed**

Date  
**2/13/2021**

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

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

Contributor address; City; State; Zip Code  
**7670 Heathridge  
San Antonio, TX 78237**

Principal occupation / Job title (See instructions)  
**Arts Administrator**

Employer (See instructions)  
**Centro Cultural Aztlan**

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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>21 of 43</b>
2 FILER NAME <b>Mrs Teri M Castillo</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/13/2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Eduardo Juarez</b> ..... 6 Contributor address; City; State; Zip Code <b>2918 W. Poplar St.</b> <b>San Antonio, TX 78207</b>	7 Amount of contribution (\$) <b>100.00</b>
8 Principal occupation / Job title (See instructions) <b>Attorney</b>		9 Employer (See instructions) <b>US EEOC</b>
Date <b>2/13/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Juan Flores</b> ..... Contributor address; City; State; Zip Code <b>925 Country Mdws</b> <b>San Antonio, TX 96701</b>	Amount of contribution (\$) <b>27.00</b>
Principal occupation / Job title (See instructions) <b>Not Employed</b>		Employer (See instructions) <b>Not Employed</b>
Date <b>2/13/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>gerardo marin</b> ..... Contributor address; City; State; Zip Code <b>9706 trawood</b> <b>san antonio, TX 78255</b>	Amount of contribution (\$) <b>52.00</b>
Principal occupation / Job title (See instructions) <b>coach</b>		Employer (See instructions) <b>yogera coaching llc</b>
Date <b>2/13/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Donna Guerra</b> ..... Contributor address; City; State; Zip Code <b>524 W Elsmere PI</b> <b>San Antonio, TX 78240</b>	Amount of contribution (\$) <b>150.00</b>
Principal occupation / Job title (See instructions) <b>Archivist</b>		Employer (See instructions) <b>Sisters of Charity</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:  
**22 of 43**

2 FILER NAME  
**Mrs Teri M Castillo**

3 Filer ID (Ethics Commission Filers)

4 Date  
**2/13/2021**

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

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

6 Contributor address; City; State; Zip Code  
**168 Chevy Chase  
San Antonio, TX 78217**

8 Principal occupation / Job title (See instructions)  
**college advisor**

9 Employer (See instructions)  
**SAISD**

Date  
**2/13/2021**

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

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

Contributor address; City; State; Zip Code  
**8401 N New Braunfels Ave #133  
San Antonio, TX 78237**

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

Employer (See instructions)  
**Not Employed**

Date  
**2/13/2021**

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

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

Contributor address; City; State; Zip Code  
**5503 Research D #4106  
San Antonio, TX 78207**

Principal occupation / Job title (See instructions)  
**adjunct professor**

Employer (See instructions)  
**University**

Date  
**2/14/2021**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Law Offices of Sharyll S Teneyuca**

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

Contributor address; City; State; Zip Code  
**924 Camaron  
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)

Employer (See instructions)

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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 43**

2 FILER NAME  
**Mrs Teri M Castillo**

3 Filer ID (Ethics Commission Filers)

4 Date  
**2/15/2021**

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Ricardo De Los Santos**

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

6 Contributor address; City; State; Zip Code  
**424 Balboa Ave  
San Antonio, TX 78211**

8 Principal occupation / Job title (See instructions)  
**computer forensics**

9 Employer (See instructions)  
**22nd century technologies**

Date  
**2/16/2021**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Antonia I Castaneda**

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

Contributor address; City; State; Zip Code  
**2420 Mccullough Ave #302  
San Antonio, TX 78212-3565**

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

Employer (See instructions)  
**N/A**

Date  
**2/21/2021**

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

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

Contributor address; City; State; Zip Code  
**844 East Sunshine Drive. #202  
San Antonio, TX 78240**

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

Employer (See instructions)  
**Northeastern University**

Date  
**2/22/2021**

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

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

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

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

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

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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>24 of 43</b>
2 FILER NAME <b>Mrs Teri M Castillo</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/22/2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Abi Baiza</b> ..... 6 Contributor address; City; State; Zip Code <b>103 Catherine San Antonio, TX 78210</b>	7 Amount of contribution (\$) <b>20.00</b>
8 Principal occupation / Job title (See instructions) <b>Teacher</b>		9 Employer (See instructions) <b>IDEA</b>
Date <b>2/24/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Colton Uden</b> ..... Contributor address; City; State; Zip Code <b>100 N Santa Rosa St #808 San Antonio, TX 78210</b>	Amount of contribution (\$) <b>10.00</b>
Principal occupation / Job title (See instructions) <b>Student/Intern</b>		Employer (See instructions) <b>UTSA</b>
Date <b>2/24/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Linda Curtis</b> ..... Contributor address; City; State; Zip Code <b>150 South Shore Rd Bastrop, TX 78602</b>	Amount of contribution (\$) <b>27.00</b>
Principal occupation / Job title (See instructions) <b>Not Employed</b>		Employer (See instructions) <b>Not Employed</b>
Date <b>2/25/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>John Ramirez</b> ..... Contributor address; City; State; Zip Code <b>99 745 Nahiolea st Aiea, HI 78251-1606</b>	Amount of contribution (\$) <b>250.00</b>
Principal occupation / Job title (See instructions) <b>Letter carrier</b>		Employer (See instructions) <b>Usps</b>
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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>25 of 43</b>
2 FILER NAME <b>Mrs Teri M Castillo</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/26/2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Jason Resendez</b> ..... 6 Contributor address; City; State; Zip Code <b>18385 Babcock</b> <b>San Antonio, TX 78207</b>	7 Amount of contribution (\$) <b>27.00</b>
8 Principal occupation / Job title (See instructions) <b>Estimator</b>		9 Employer (See instructions) <b>Guerra Underground</b>
Date <b>2/26/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Joseph Price</b> ..... Contributor address; City; State; Zip Code <b>5903 Babcock Rd Apt 902</b> <b>San Antonio, TX 78217</b>	Amount of contribution (\$) <b>30.00</b>
Principal occupation / Job title (See instructions) <b>Software Developer</b>		Employer (See instructions) <b>Frost Bank</b>
Date <b>2/26/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Daniel Arriaga</b> ..... Contributor address; City; State; Zip Code <b>4950 Dare Lane</b> <b>San Antonio, TX 94114-1612</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See instructions) <b>Academic Advisor</b>		Employer (See instructions) <b>University of Texas at San Antonio</b>
Date <b>2/27/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Joleen Garcia</b> ..... Contributor address; City; State; Zip Code <b>511 Belcross Street</b> <b>San Antonio, TX 94114</b>	Amount of contribution (\$) <b>50.00</b>
Principal occupation / Job title (See instructions) <b>Community organizer</b>		Employer (See instructions) <b>Self-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.		<b>1</b> Total pages Schedule A1: <b>26 of 43</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>3/3/2021</b>	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>James Long</b> ..... <b>6</b> Contributor address; City; State; Zip Code <b>2508 Tampico Street</b> <b>San Antonio, TX 94112</b>	<b>7</b> Amount of contribution (\$) <b>27.00</b>
<b>8</b> Principal occupation / Job title (See instructions) <b>Teacher</b>		<b>9</b> Employer (See instructions) <b>SAISD</b>
Date <b>3/3/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Frank Lujano</b> ..... Contributor address; City; State; Zip Code <b>2919 Owasso</b> <b>San Antonio, TX 78213</b>	Amount of contribution (\$) <b>27.00</b>
Principal occupation / Job title (See instructions) <b>Cashier</b>		Employer (See instructions) <b>Churchs chicken</b>
Date <b>3/7/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>John Alvarez</b> ..... Contributor address; City; State; Zip Code <b>6431 Brookway Drive</b> <b>San Antonio, TX 78228</b>	Amount of contribution (\$) <b>47.00</b>
Principal occupation / Job title (See instructions) <b>Coordinator</b>		Employer (See instructions) <b>Zachry Group</b>
Date <b>3/7/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>James Long</b> ..... Contributor address; City; State; Zip Code <b>2508 Tampico Street</b> <b>San Antonio, TX 78251-1606</b>	Amount of contribution (\$) <b>17.00</b>
Principal occupation / Job title (See instructions) <b>Teacher</b>		Employer (See instructions) <b>SAISD</b>
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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 43**

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

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

**4** Date  
**3/7/2021**

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

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

**6** Contributor address; City; State; Zip Code  
**300 Labor Street  
San Antonio, TX 78212**

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

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

Date  
**3/7/2021**

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

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

Contributor address; City; State; Zip Code  
**230 W Whittier  
San Antonio, TX 78207**

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

Employer (See instructions)  
**Self**

Date  
**3/7/2021**

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

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

Contributor address; City; State; Zip Code  
**3311 Meadow DR  
San Antonio, TX 78240**

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

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

Date  
**3/8/2021**

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

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

Contributor address; City; State; Zip Code  
**2718 Monterey  
San Antonio, TX 78237**

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:  
**28 of 43**

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

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

**4** Date  
**3/8/2021**

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

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

**6** Contributor address; City; State; Zip Code  
**4950 Dare Lane  
San Antonio, TX 78210**

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

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

Date  
**3/8/2021**

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

Amount of contribution (\$)  
**47.00**

Contributor address; City; State; Zip Code  
**2261 MARKET ST  
SAN FRANCISCO, CA 78853**

Principal occupation / Job title (See instructions)  
**Program Manager**

Employer (See instructions)  
**Adobe**

Date  
**3/8/2021**

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

Amount of contribution (\$)  
**47.00**

Contributor address; City; State; Zip Code  
**2261 Market Street #219  
San Francisco, CA 78210**

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

Employer (See instructions)  
**self**

Date  
**3/9/2021**

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 78221**

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

Employer (See instructions)  
**Uber**

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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**29 of 43**

2 FILER NAME  
**Mrs Teri M Castillo**

3 Filer ID (Ethics Commission Filers)

4 Date  
**3/10/2021**

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

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

6 Contributor address; City; State; Zip Code  
**218 Cliffwood Dr  
San Antonio, TX 78212**

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

9 Employer (See instructions)  
**NEISD**

Date  
**3/11/2021**

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

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

Contributor address; City; State; Zip Code  
**3342 W Laurel  
San Antonio, TX 78232**

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

Employer (See instructions)  
**Alamo Community College District**

Date  
**3/12/2021**

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 75032**

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

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

Date  
**3/12/2021**

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

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

Contributor address; City; State; Zip Code  
**514 Westwood Drive  
San Antonio, TX 78233**

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

Employer (See instructions)  
**Local ISD**

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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>30 of 43</b>
2 FILER NAME <b>Mrs Teri M Castillo</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/13/2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Kayla Miranda</b> ..... 6 Contributor address; City; State; Zip Code <b>1013 S San Jacinto st</b> <b>san antonio, TX 92807</b>	7 Amount of contribution (\$) <b>300.00</b>
8 Principal occupation / Job title (See instructions) <b>Advocate</b>		9 Employer (See instructions) <b>Independent contractor</b>
Date <b>3/13/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Eliseo Iglesias</b> ..... Contributor address; City; State; Zip Code <b>5503 Research Dr #4106</b> <b>San Antonio, TX 78154</b>	Amount of contribution (\$) <b>27.00</b>
Principal occupation / Job title (See instructions) <b>adjunct professor</b>		Employer (See instructions) <b>University</b>
Date <b>3/13/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Ricardo De Los Santos</b> ..... Contributor address; City; State; Zip Code <b>424 Balboa Ave</b> <b>San Antonio, TX 77082</b>	Amount of contribution (\$) <b>27.00</b>
Principal occupation / Job title (See instructions) <b>computer forensics</b>		Employer (See instructions) <b>22nd century technologies</b>
Date <b>3/17/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Amy Kastely &amp; Graciela Sanchez</b> ..... Contributor address; City; State; Zip Code <b>233 Lotus Ave</b> <b>San Antonio, TX 97202-5734</b>	Amount of contribution (\$) <b>200.00</b>
Principal occupation / Job title (See instructions) <b>Attorney</b>		Employer (See instructions) <b>Self</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:  
**31 of 43**

2 FILER NAME  
**Mrs Teri M Castillo**

3 Filer ID (Ethics Commission Filers)

4 Date  
**3/17/2021**

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

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

6 Contributor address; City; State; Zip Code  
**PO Box 261  
Eagle Pass, TX 77215**

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

9 Employer (See instructions)  
**EGLPASS LLC**

Date  
**3/19/2021**

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

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

Contributor address; City; State; Zip Code  
**3805 Bremen  
San Antonio, TX 75243**

Principal occupation / Job title (See instructions)  
**Pool technician**

Employer (See instructions)  
**Watertight pool & spa**

Date  
**3/19/2021**

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

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

Contributor address; City; State; Zip Code  
**9622 Pleasanton pl  
San antonio, TX 08904**

Principal occupation / Job title (See instructions)  
**SLP - Assistant**

Employer (See instructions)  
**Aveanna**

Date  
**3/19/2021**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**San Antonio Alliance of Teachers and Support Personnel PAC**

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

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

Principal occupation / Job title (See instructions)

Employer (See instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**32 of 43**

2 FILER NAME  
**Mrs Teri M Castillo**

3 Filer ID (Ethics Commission Filers)

4 Date  
**3/19/2021**

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

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

6 Contributor address; City; State; Zip Code  
**3510 Ivory Crk  
San Antonio, TX 78258-1620**

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

9 Employer (See instructions)  
**N/A**

Date  
**3/20/2021**

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

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

Contributor address; City; State; Zip Code  
**501 Shook Ave  
SAN ANTONIO, TX 77588**

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

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

Date  
**3/21/2021**

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

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

Contributor address; City; State; Zip Code  
**7413 Barkbridge Road  
Chesterfield, VA 77578**

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

Employer (See instructions)  
**Not Employed**

Date  
**3/21/2021**

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

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

Contributor address; City; State; Zip Code  
**2771 Massey Ln  
Rockwall, TX 23452**

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

Employer (See instructions)  
**Book Club Cafe**

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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>33 of 43</b>
2 FILER NAME <b>Mrs Teri M Castillo</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/21/2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Kim Bradley</b> ..... 6 Contributor address; City; State; Zip Code <b>6607 Carlsbad Rio San Antonio, TX 85022</b>	7 Amount of contribution (\$) <b>2.00</b>
8 Principal occupation / Job title (See instructions) <b>Case manager</b>		9 Employer (See instructions) <b>Boysville</b>
Date <b>3/21/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Shauna Gonzalez</b> ..... Contributor address; City; State; Zip Code <b>955 South Lake Summit Dr. Anaheim Hills, CA 93704</b>	Amount of contribution (\$) <b>3.00</b>
Principal occupation / Job title (See instructions) <b>Credentialing Specialist</b>		Employer (See instructions) <b>Gemini Diversifed Services</b>
Date <b>3/21/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Veronica Kirk</b> ..... Contributor address; City; State; Zip Code <b>16303 Chelsea PL Selma, TX 91405</b>	Amount of contribution (\$) <b>3.00</b>
Principal occupation / Job title (See instructions) <b>Not Employed</b>		Employer (See instructions) <b>Not Employed</b>
Date <b>3/21/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Felicia Jones</b> ..... Contributor address; City; State; Zip Code <b>3732 W Traditions Ct Houston, TX 95616</b>	Amount of contribution (\$) <b>2.00</b>
Principal occupation / Job title (See instructions) <b>Finance</b>		Employer (See instructions) <b>TFG</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:  
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2 FILER NAME  
**Mrs Teri M Castillo**

3 Filer ID (Ethics Commission Filers)

4 Date  
**3/21/2021**

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

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

6 Contributor address; City; State; Zip Code  
**2007 SE Bybee Blvd.  
Portland, OR 60626-2656**

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

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

Date  
**3/21/2021**

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

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

Contributor address; City; State; Zip Code  
**PO Box 772691  
Houston, TX 90003**

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

Employer (See instructions)  
**Not Employed**

Date  
**3/21/2021**

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

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

Contributor address; City; State; Zip Code  
**9944 Walnut St. Apt. 2033  
Dallas, TX 98502**

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

Employer (See instructions)  
**Brook Hollow**

Date  
**3/21/2021**

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

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

Contributor address; City; State; Zip Code  
**712 S 2 Av  
Highland Park, NJ 99801**

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

Employer (See instructions)  
**Not Employed**

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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		<b>1</b> Total pages Schedule A1: <b>35 of 43</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>3/21/2021</b>	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Teresa Pennell</b> ..... <b>6</b> Contributor address; City; State; Zip Code <b>303 Eastbrook</b> <b>Greenville, NC 98502</b>	<b>7</b> Amount of contribution (\$) <b>3.00</b>
<b>8</b> Principal occupation / Job title (See instructions) <b>retired</b>		<b>9</b> Employer (See instructions) <b>none</b>
Date <b>3/21/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Trent Williams</b> ..... Contributor address; City; State; Zip Code <b>3411 Aspen Lake Dr</b> <b>Manvel, TX 10701</b>	Amount of contribution (\$) <b>1.00</b>
Principal occupation / Job title (See instructions) <b>Manager</b>		Employer (See instructions) <b>Cooper/ Ports America</b>
Date <b>3/21/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Joyce Lane</b> ..... Contributor address; City; State; Zip Code <b>645 Lake Front Place</b> <b>Virginia Beach, VA 07836</b>	Amount of contribution (\$) <b>2.00</b>
Principal occupation / Job title (See instructions) <b>Not Employed</b>		Employer (See instructions) <b>Not Employed</b>
Date <b>3/21/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Anne Olivares</b> ..... Contributor address; City; State; Zip Code <b>15616 N 23rd Place</b> <b>Phoenix, AZ 19147</b>	Amount of contribution (\$) <b>3.00</b>
Principal occupation / Job title (See instructions) <b>RN</b>		Employer (See instructions) <b>SCOTTSDALE HEALTHCARE</b>
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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**36 of 43**

2 FILER NAME  
**Mrs Teri M Castillo**

3 Filer ID (Ethics Commission Filers)

4 Date  
**3/21/2021**

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

7 Amount of contribution (\$)  
**2.40**

6 Contributor address; City; State; Zip Code  
**3865 N. Wishon Ave.  
Fresno, CA 18344-1645**

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

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

Date  
**3/21/2021**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Stonewall Democrats of San Antonio**

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

Contributor address; City; State; Zip Code  
**PO Box 12814  
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date  
**3/21/2021**

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

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

Contributor address; City; State; Zip Code  
**298 Celadon Street #207  
Davis, CA 11211**

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

Employer (See instructions)  
**UC Davis**

Date  
**3/22/2021**

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

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

Contributor address; City; State; Zip Code  
**1340 W Touhy Ave #405  
Chicago, IL 53235**

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:  
**37 of 43**

2 FILER NAME  
**Mrs Teri M Castillo**

3 Filer ID (Ethics Commission Filers)

4 Date  
**3/22/2021**

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

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

6 Contributor address; City; State; Zip Code  
**116 W 73rd St  
Los Angeles, CA 77904**

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

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

Date  
**3/22/2021**

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

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

Contributor address; City; State; Zip Code  
**5546 Keating Road Northwest  
Olympia, WA 98204**

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

Employer (See instructions)  
**Not Employed**

Date  
**3/22/2021**

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

Amount of contribution (\$) **7.20**

Contributor address; City; State; Zip Code  
**1109 C St.  
Juneau, AK 78757**

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

Employer (See instructions)  
**Not Employed**

Date  
**3/22/2021**

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

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

Contributor address; City; State; Zip Code  
**5546 Keating Road Northwest  
Olympia, WA 96720**

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:  
**38 of 43**

2 FILER NAME  
**Mrs Teri M Castillo**

3 Filer ID (Ethics Commission Filers)

4 Date  
**3/22/2021**

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

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

6 Contributor address; City; State; Zip Code  
**95117 Ravine Ave  
Yonkers, NY 78237**

8 Principal occupation / Job title (See instructions)  
**N/A**

9 Employer (See instructions)  
**N/A**

Date  
**3/22/2021**

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

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

Contributor address; City; State; Zip Code  
**66 River Rd.  
Flanders, NJ 78154**

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

Employer (See instructions)  
**Not Employed**

Date  
**3/22/2021**

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

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

Contributor address; City; State; Zip Code  
**1352 South St.  
Philadelphia, PA 78213**

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

Employer (See instructions)  
**Temple Univ.**

Date  
**3/22/2021**

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

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

Contributor address; City; State; Zip Code  
**26 FAIRVIEW AVE  
MOUNT POCONO, PA 08108**

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

Employer (See instructions)  
**Matrix**

**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:  
**39 of 43**

2 FILER NAME  
**Mrs Teri M Castillo**

3 Filer ID (Ethics Commission Filers)

4 Date  
**3/22/2021**

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

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

6 Contributor address; City; State; Zip Code  
**6220 Culebra Rd  
San Antonio, TX 78288**

8 Principal occupation / Job title (See instructions)  
**Computer Programmer**

9 Employer (See instructions)  
**SwRI**

Date  
**3/22/2021**

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

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

Contributor address; City; State; Zip Code  
**24 conselyea st  
brooklyn, NY 78207**

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

Employer (See instructions)  
**Carroll Hall**

Date  
**3/22/2021**

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

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

Contributor address; City; State; Zip Code  
**2601 East Allerton Avenue  
Saint Francis, WI 78745**

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

Employer (See instructions)  
**Not Employed**

Date  
**3/22/2021**

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

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

Contributor address; City; State; Zip Code  
**118 Crawford Drive  
Victoria, TX 78217**

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

Employer (See instructions)  
**Texas Tech University**

**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>40 of 43</b>
2 FILER NAME <b>Mrs Teri M Castillo</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/22/2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Kimara Freeman</b> ..... 6 Contributor address; City; State; Zip Code <b>702 W Casino Rd</b> <b>Everett, WA 78207</b>	7 Amount of contribution (\$) <b>20.00</b>
8 Principal occupation / Job title (See instructions) <b>Not Employed</b>		9 Employer (See instructions) <b>Not Employed</b>
Date <b>3/22/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Jim McElroy</b> ..... Contributor address; City; State; Zip Code <b>2106 Cullen Ave #212</b> <b>Austin, TX 78213</b>	Amount of contribution (\$) <b>10.00</b>
Principal occupation / Job title (See instructions) <b>Financial Analyst</b>		Employer (See instructions) <b>Health and Human Svc Dept</b>
Date <b>3/22/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Abigail Rotholz</b> ..... Contributor address; City; State; Zip Code <b>350 Lehua St</b> <b>Hilo, HI 78237</b>	Amount of contribution (\$) <b>2.00</b>
Principal occupation / Job title (See instructions) <b>Part Time Teacher</b>		Employer (See instructions) <b>Kalaniana'ole Elementary and Intermediate School</b>
Date <b>3/22/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Joleen Garcia</b> ..... Contributor address; City; State; Zip Code <b>511 Belcross Street</b> <b>San Antonio, TX 78212</b>	Amount of contribution (\$) <b>50.00</b>
Principal occupation / Job title (See instructions) <b>Community organizer</b>		Employer (See instructions) <b>Self-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: <b>41 of 43</b>
2 FILER NAME <b>Mrs Teri M Castillo</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/22/2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Luis de la Cruz</b> ..... 6 Contributor address; City; State; Zip Code <b>509 Wright Schertz, TX 78232</b>	7 Amount of contribution (\$) <b>17.00</b>
8 Principal occupation / Job title (See instructions) <b>Firefighter</b>		9 Employer (See instructions) <b>Georgetown Fire Department</b>
Date <b>3/22/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Frances Sepulveda</b> ..... Contributor address; City; State; Zip Code <b>1022 Fabulous Dr A San Antonio, TX 78210</b>	Amount of contribution (\$) <b>27.00</b>
Principal occupation / Job title (See instructions) <b>Community organizer</b>		Employer (See instructions) <b>Texas organizing project</b>
Date <b>3/22/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Basia Wilson</b> ..... Contributor address; City; State; Zip Code <b>215 Park Ave Collingswood, NJ 78109</b>	Amount of contribution (\$) <b>4.00</b>
Principal occupation / Job title (See instructions) <b>Bookseller</b>		Employer (See instructions) <b>Inkwood Books</b>
Date <b>3/22/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Darius Connor</b> ..... Contributor address; City; State; Zip Code <b>9800 Fredericksburg road San Antonio, TX 78210</b>	Amount of contribution (\$) <b>10.00</b>
Principal occupation / Job title (See instructions) <b>Bank</b>		Employer (See instructions) <b>Bank</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>42 of 43</b>
2 FILER NAME <b>Mrs Teri M Castillo</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/22/2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Alyssa Pepio</b> ..... 6 Contributor address; City; State; Zip Code <b>1011 S Frio St #4322</b> <b>San antonio, FL 78201</b>	7 Amount of contribution (\$) <b>15.00</b>
8 Principal occupation / Job title (See instructions) <b>Teacher</b>		9 Employer (See instructions) <b>Saisd</b>
Date <b>3/22/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Saul Hernandez</b> ..... Contributor address; City; State; Zip Code <b>2503 Star Grass Cir</b> <b>Austin, TX 78207</b>	Amount of contribution (\$) <b>20.00</b>
Principal occupation / Job title (See instructions) <b>Florists</b>		Employer (See instructions) <b>Central Market</b>
Date <b>3/22/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Justice Lovin</b> ..... Contributor address; City; State; Zip Code <b>9803 Wahada Ave</b> <b>San Antonio, TX 78240</b>	Amount of contribution (\$) <b>35.00</b>
Principal occupation / Job title (See instructions) <b>Teacher</b>		Employer (See instructions) <b>Saisd</b>
Date <b>3/22/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Gustavo Sanchez</b> ..... Contributor address; City; State; Zip Code <b>1710 Vera Cruz</b> <b>San Antonio, TX 78207</b>	Amount of contribution (\$) <b>50.00</b>
Principal occupation / Job title (See instructions) <b>Retired</b>		Employer (See instructions) <b>N/A</b>
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		<b>1</b> Total pages Schedule A1: <b>43 of 43</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>3/22/2021</b>	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Oliver Mendoza</b> . . . . . <b>6</b> Contributor address; City; State; Zip Code <b>15132 Saticoy St</b> <b>Van Nuys, CA 78228</b>	<b>7</b> Amount of contribution (\$) <b>1.60</b>
<b>8</b> Principal occupation / Job title (See instructions) <b>analyst</b>		<b>9</b> Employer (See instructions) <b>dga-pphp</b>
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)
<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		

## 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 2/7/2021	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Veronica Pineda 7 Contributor address; City; State; Zip Code 311 Cass Ave San Antonio, TX 78204	8 Amount of Contribution \$ 325.00 9 In-kind contribution description T-Shirts <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) House Keeper		11 Employer (FOR NON-JUDICIAL) (See instructions) Courtyard Marriott
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

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

<b>1</b> Total pages Schedule F1: <b>1 of 6</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>1/6/2021</b>	<b>5</b> Payee name <b>ActBlue</b>		
<b>6</b> Amount (\$) <b>23.18</b>	<b>7</b> Payee address; City; State; Zip Code <b>PO Box 441146 Somerville, MA 02144-0031</b>		
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Solicitation/Fundraising Expense</b>		<b>(b)</b> Description <b>Electronic Donation Platform.</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>1/8/2021</b>	Payee name <b>VANTIV (Worldpay, Inc)</b>		
Amount (\$) <b>2.90</b>	Payee address; City; State; Zip Code <b>8500 Governors Hill Dr Cincinnati, OH 45249</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Solicitation/Fundraising Expense</b>		Description <b>Payment Processor associated with ActBlue.</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>1/13/2021</b>	Payee name <b>PRESTIGE PRINTING, LLC</b>		
Amount (\$) <b>1562.05</b>	Payee address; City; State; Zip Code <b>8 Burwood Ln San Antonio, TX 78216</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Printing Expense</b>		Description <b>Purchase of Campaign Signs.</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 6</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>1/25/2021</b>	<b>5</b> Payee name <b>Constant Contact</b>		
<b>6</b> Amount (\$) <b>21.32</b>	<b>7</b> Payee address; City; State; Zip Code <b>1601 Trapelo Road Waltham, MA 02451</b>		
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>		<b>(b)</b> Description <b>Email Marketing</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>2/1/2021</b>	Payee name <b>PRESTIGE PRINTING, LLC</b>		
Amount (\$) <b>535.84</b>	Payee address; City; State; Zip Code <b>8 Burwood Ln San Antonio, TX 78216</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Printing Expense</b>		Description <b>Purchase of Door-Hangers.</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>2/3/2021</b>	Payee name <b>ACTBLUEDONATE</b>		
Amount (\$) <b>51.31</b>	Payee address; City; State; Zip Code <b>PO Box 441146 Somerville, MA 02144-0031</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Solicitation/Fundraising Expense</b>		Description <b>Electronic Donation Platform.</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>3 of 6</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>2/4/2021</b>	<b>5</b> Payee name <b>TEXAS DEMOCRATIC PARTY</b>	
<b>6</b> Amount (\$) <b>550.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>314 E Highland Mall Blvd #508 Austin, TX 78752</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Solicitation/Fundraising Expense</b>	<b>(b)</b> Description <b>Purchase of Minivan mobile canvassing application.</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>2/10/2021</b>	Payee name <b>PRESTIGE PRINTING, LLC</b>	
Amount (\$) <b>698.21</b>	Payee address; City; State; Zip Code <b>8 Burwood Ln San Antonio, TX 78216</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Printing Expense</b>	Description <b>Purchase of Campaign Signs.</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>2/23/2021</b>	Payee name <b>Constant Contact</b>	
Amount (\$) <b>21.32</b>	Payee address; City; State; Zip Code <b>1601 Trapelo Road Waltham, MA 02451</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Email Marketing</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>4 of 6</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>2/24/2021</b>	<b>5</b> Payee name <b>PRESTIGE PRINTING, LLC</b>		
<b>6</b> Amount (\$) <b>497.95</b>	<b>7</b> Payee address; City; State; Zip Code <b>8 Burwood Ln San Antonio, TX 78216</b>		
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Printing Expense</b>		<b>(b)</b> Description <b>Purchase of Campaign Canvassing Literature.</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>3/1/2021</b>	Payee name <b>Walgreens #2943</b>		
Amount (\$) <b>242.75</b>	Payee address; City; State; Zip Code <b>2710 Nogalitos San Antonio, TX 78225</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Printing Expense</b>		Description <b>Purchase of Campaign Canvassing Literature.</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>3/1/2021</b>	Payee name <b>Kathryn Bravenec</b>		
Amount (\$) <b>1400.00</b>	Payee address; City; State; Zip Code <b>501 Shook Avenue San Antonio, TX 78212</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Consulting Expense</b>		Description <b>Field Manager Consulting Fee.</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>5 of 6</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>3/2/2021</b>	<b>5</b> Payee name <b>PRESTIGE PRINTING, LLC</b>		
<b>6</b> Amount (\$) <b>681.98</b>	<b>7</b> Payee address; City; State; Zip Code <b>8 Burwood Ln San Antonio, TX 78216</b>		
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Printing Expense</b>		<b>(b)</b> Description <b>Purchase of Door-Hangers.</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>3/3/2021</b>	Payee name <b>ActBlue</b>		
Amount (\$) <b>54.12</b>	Payee address; City; State; Zip Code <b>PO Box 441146 Somerville, MA 02144-0031</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Solicitation/Fundraising Expense</b>		Description <b>Electronic Donation Platform.</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>3/9/2021</b>	Payee name <b>VANTIV (Worldpay, Inc)</b>		
Amount (\$) <b>87.81</b>	Payee address; City; State; Zip Code <b>8500 Governors Hill Dr Cincinnati, OH 45249</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Solicitation/Fundraising Expense</b>		Description <b>Payment Processor associated with ActBlue.</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>6 of 6</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>3/11/2021</b>	<b>5</b> Payee name <b>PRESTIGE PRINTING, LLC</b>	
<b>6</b> Amount (\$) <b>995.90</b>	<b>7</b> Payee address; City; State; Zip Code <b>8 Burwood Ln San Antonio, TX 78216</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Printing Expense</b>	<b>(b)</b> Description <b>Purchase of Campaign Signs.</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>3/14/2021</b>	Payee name <b>Kathryn Bravenec</b>		
Amount (\$) <b>1400.00</b>	Payee address; City; State; Zip Code <b>501 Shook Avenue San Antonio, TX 78212</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Consulting Expense</b>	Description <b>Field Manager Consulting 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>3/22/2021</b>	Payee name <b>Duran Printing, LLC</b>		
Amount (\$) <b>405.94</b>	Payee address; City; State; Zip Code <b>1912 Nogalitos San Antonio, TX 78225</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Printing Expense</b>	Description <b>Purchase of Door-Hangers.</b>	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

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# 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.)

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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  
**1/15/2021**

5 Name of person from whom amount is received  
**BBVA**

8 Amount (\$)  
**2.50**

6 Address of person from whom amount is received; City; State; Zip Code  
**15 20th Street S**  
**Birmingham, AL 35233**

7 Purpose for which amount is received  
**Deposit Correction Fee**

☐ Check if political contribution returned to filer

Date  
**1/15/2021**

Name of person from whom amount is received  
**BBVA**

Amount (\$)  
**12.00**

Address of person from whom amount is received; City; State; Zip Code  
**15 20th Street S**  
**Birmingham, AL 35233**

Purpose for which amount is received  
**Returned Deposited Items**

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

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

Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

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

Purpose for which amount is received

☐ Check if political contribution returned to filer

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

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

**SCHEDULE T**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1 Total pages Schedule T: 1 of 1</b>
<b>2 FILER NAME</b> <b>Mrs Teri M Castillo</b>		<b>3 Filer ID (Ethics Commission Filers)</b>
<b>4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee</b>		
<b>5 Contribution / Expenditure reported on:</b> <div style="display: flex; flex-wrap: wrap; justify-content: space-between;"><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 Dates of travel</b>	<b>7 Name of person(s) traveling</b>	
	<b>8 Departure city or name of departure location</b>	
	<b>9 Destination city or name of destination location</b>	
<b>10 Means of transportation</b>	<b>11 Purpose of travel (including name of conference, seminar, or other event)</b>	
<b>Name of Contributor / Corporation or Labor Organization / Pledgor / Payee</b>		
<b>Contribution / Expenditure reported on:</b> <div style="display: flex; flex-wrap: wrap; justify-content: space-between;"><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>Dates of travel</b>	<b>Name of person(s) traveling</b>	
	<b>Departure city or name of departure location</b>	
	<b>Destination city or name of destination location</b>	
<b>Means of transportation</b>	<b>Purpose of travel (including name of conference, seminar, or other event)</b>	
<b>Name of Contributor / Corporation or Labor Organization / Pledgor / Payee</b>		
<b>Contribution / Expenditure reported on:</b> <div style="display: flex; flex-wrap: wrap; justify-content: space-between;"><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>Dates of travel</b>	<b>Name of person(s) traveling</b>	
	<b>Departure city or name of departure location</b>	
	<b>Destination city or name of destination location</b>	
<b>Means of transportation</b>	<b>Purpose of travel (including name of conference, seminar, or other event)</b>	
<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