

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)		2 Total pages filed: <b>54</b>	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>Mrs</b>		FIRST <b>Teri</b>	MI <b>M</b>	OFFICE USE ONLY Date Received
	NICKNAME		LAST <b>Castillo</b>	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>521 Torreon St San Antonio TX 78207</b>				
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE ( <b>210</b> )	PHONE NUMBER <b>929-3055</b>		EXTENSION	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <b>Mr</b>		FIRST <b>Joe</b>	MI <b>III</b>	Receipt #
	NICKNAME		LAST <b>Castillo</b>	SUFFIX	Amount \$
					Date Processed
Date Imaged					
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>303 Cass Ave San Antonio TX 78204</b>				
8 CAMPAIGN TREASURER PHONE	AREA CODE ( <b>210</b> )	PHONE NUMBER <b>379-6751</b>		EXTENSION	
9 REPORT TYPE	<b>8th Day Before Runoff Election</b>				
10 PERIOD COVERED	Month Day Year <b>4/22/2021</b>		Month Day Year THROUGH <b>5/26/2021</b>		
11 ELECTION	ELECTION DATE Month Day Year <b>6/5/2021</b>		ELECTION TYPE		
			<input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special Description		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) <b>Council District 5</b>		

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# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

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

<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	<b>\$ 0</b>
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	<b>\$ 13860.08</b>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES.	<b>\$ 0</b>
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	<b>\$ 9564.82</b>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	<b>\$ 14214.96</b>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	<b>\$ 3500.00</b>

<b>18 AFFIDAVIT</b>		
<p>I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.</p> <p>*** Electronically Certified ***</p> <p>_____ Signature of Candidate or Officeholder</p>		
AFFIX NOTARY STAMP / SEAL ABOVE		
Sworn to and subscribed before me, by the said <u><b>Mrs Teri M Castillo</b></u> , this the <u><b>28th</b></u> day of <u><b>May</b></u> , <u><b>2021</b></u> , 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>\$ 13860.08</b>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	<b>\$ 0</b>
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	<b>\$ 0</b>
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	<b>\$ 0</b>
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	<b>\$ 9564.82</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>\$ 500.00</b>

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**1 of 31**

2 FILER NAME  
**Mrs Teri M Castillo**

3 Filer ID (Ethics Commission Filers)

4 Date  
**4/22/2021**

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

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

6 Contributor address; City; State; Zip Code  
**3424 N. Thomas St.  
Arlington, VA 22207**

8 Principal occupation / Job title (See instructions)  
**Legal Assistant**

9 Employer (See instructions)  
**Banner Title Company of VA Inc.**

Date  
**4/22/2021**

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

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

Contributor address; City; State; Zip Code  
**1 Venturers Field Rd.  
Northampton, MA 01060**

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

Employer (See instructions)  
**Not Employed**

Date  
**4/22/2021**

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

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

Contributor address; City; State; Zip Code  
**3931 W Travis St  
San Antonio, TX 78207**

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

Employer (See instructions)  
**Insurance**

Date  
**4/23/2021**

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

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

Contributor address; City; State; Zip Code  
**PO Box 1685  
Nederland, CO 80466**

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

Employer (See instructions)  
**self**

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

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

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**2 of 31**

2 FILER NAME  
**Mrs Teri M Castillo**

3 Filer ID (Ethics Commission Filers)

4 Date  
**4/27/2021**

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

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

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

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

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

Date  
**4/28/2021**

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

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

Contributor address; City; State; Zip Code  
**7626 Avenue H  
Houston, TX 77012-1128**

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

Employer (See instructions)  
**Houston City Council**

Date  
**5/3/2021**

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

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

Contributor address; City; State; Zip Code  
**123 Marcia Pl #1  
San Antonio, TX 78209**

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

Employer (See instructions)  
**Parman Group**

Date  
**5/3/2021**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Megan Joy Macias**

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

Contributor address; City; State; Zip Code  
**1812 W Summit Ave  
San Antonio, TX 78201**

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

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

**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>3 of 31</b>
2 FILER NAME <b>Mrs Teri M Castillo</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>5/3/2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Samantha Sanchez</b> ..... 6 Contributor address; City; State; Zip Code <b>15830 East Kansas Place</b> <b>Aurora, CO 80017</b>	7 Amount of contribution (\$) <b>27.00</b>
8 Principal occupation / Job title (See instructions) <b>Proposal Manager; contract administrator</b>		9 Employer (See instructions) <b>Ophir Corporation</b>
Date <b>5/3/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Michael Montano</b> ..... Contributor address; City; State; Zip Code <b>1200 Avenue B #514</b> <b>San Antonio, TX 78215</b>	Amount of contribution (\$) <b>50.00</b>
Principal occupation / Job title (See instructions) <b>Attorney</b>		Employer (See instructions) <b>Cotchett Pitre McCarthy LLP</b>
Date <b>5/3/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Hudson Kyle</b> ..... Contributor address; City; State; Zip Code <b>537 W Summit Unit 1</b> <b>San Antonio, TX 78212</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See instructions) <b>Attorney</b>		Employer (See instructions) <b>RAICES</b>
Date <b>5/3/2021</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 78207</b>	Amount of contribution (\$) <b>67.00</b>
Principal occupation / Job title (See instructions) <b>Designer</b>		Employer (See instructions) <b>Dell</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:  
**4 of 31**

2 FILER NAME  
**Mrs Teri M Castillo**

3 Filer ID (Ethics Commission Filers)

4 Date  
**5/3/2021**

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Dr Dustin Breithaupt**

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

6 Contributor address; City; State; Zip Code  
**219 Southholme  
San Antonio, TX 78204**

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

9 Employer (See instructions)  
**Lytle isd**

Date  
**5/3/2021**

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

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

Contributor address; City; State; Zip Code  
**311 Carnahan St  
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)  
**Financial analyst**

Employer (See instructions)  
**USAA**

Date  
**5/3/2021**

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

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

Contributor address; City; State; Zip Code  
**119 Tyler Ave  
San Antonio, TX 78204**

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

Employer (See instructions)  
**Not Employed**

Date  
**5/3/2021**

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

Amount of contribution (\$)  
**20.21**

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

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

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

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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>5 of 31</b>
2 FILER NAME <b>Mrs Teri M Castillo</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>5/3/2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Kevin Cepeda</b> ..... 6 Contributor address; City; State; Zip Code <b>1811 E Highland Blvd</b> <b>San Antonio, TX 78210</b>	7 Amount of contribution (\$) <b>5.00</b>
8 Principal occupation / Job title (See instructions) <b>Grocery Worker</b>		9 Employer (See instructions) <b>H&amp;E&amp;B</b>
Date <b>5/3/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>John Henneberger</b> ..... Contributor address; City; State; Zip Code <b>603 Theresa Ave</b> <b>Austin, TX 78703</b>	Amount of contribution (\$) <b>150.00</b>
Principal occupation / Job title (See instructions) <b>Agency co-director</b>		Employer (See instructions) <b>Texas Low Income Housing Information Service</b>
Date <b>5/3/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Valerie Morales</b> ..... Contributor address; City; State; Zip Code <b>131 Olympia</b> <b>San Antonio, TX 78201</b>	Amount of contribution (\$) <b>27.00</b>
Principal occupation / Job title (See instructions) <b>organizer</b>		Employer (See instructions) <b>SVREP</b>
Date <b>5/3/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Francisco Gonzalez</b> ..... Contributor address; City; State; Zip Code <b>258 st Francis</b> <b>San antonio, TX 78204</b>	Amount of contribution (\$) <b>50.00</b>
Principal occupation / Job title (See instructions) <b>Real estate</b>		Employer (See instructions) <b>Me</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:  
**6 of 31**

2 FILER NAME  
**Mrs Teri M Castillo**

3 Filer ID (Ethics Commission Filers)

4 Date  
**5/3/2021**

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

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

6 Contributor address; City; State; Zip Code  
**3011 WhiteTail Drive  
San Antonio, TX 78228**

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

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

Date  
**5/3/2021**

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

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

Contributor address; City; State; Zip Code  
**614 Cedar St  
San Antonio, TX 78210**

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

Employer (See instructions)  
**Texas A&M University - San Antonio**

Date  
**5/3/2021**

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

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

Contributor address; City; State; Zip Code  
**511 Belcross Street  
San Antonio, TX 78237**

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

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

Date  
**5/4/2021**

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

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

Contributor address; City; State; Zip Code  
**332 Pendleton Ave Apt #3  
San Antonio, TX 78230**

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

Employer (See instructions)  
**JBC Campaigns**

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

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

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**7 of 31**

2 FILER NAME  
**Mrs Teri M Castillo**

3 Filer ID (Ethics Commission Filers)

4 Date  
**5/4/2021**

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

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

6 Contributor address; City; State; Zip Code  
**504 Furlong Drive  
Austin, TX 78746**

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

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

Date  
**5/4/2021**

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

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

Contributor address; City; State; Zip Code  
**1111 10th street  
Alamogordo, NM 88310**

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

Employer (See instructions)  
**Not Employed**

Date  
**5/4/2021**

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

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

Contributor address; City; State; Zip Code  
**424 Balboa Ave  
San Antonio, TX 78237**

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

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

Date  
**5/4/2021**

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

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

Contributor address; City; State; Zip Code  
**424 Balboa Ave  
San Antonio, TX 78237**

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

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

**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>8 of 31</b>
2 FILER NAME <b>Mrs Teri M Castillo</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>5/4/2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Jessica Nicholson</b> ..... 6 Contributor address; City; State; Zip Code <b>1719 Pine Knoll Dr</b> <b>Austin, TX 78758</b>	7 Amount of contribution (\$) <b>27.00</b>
8 Principal occupation / Job title (See instructions) <b>Consultant</b>		9 Employer (See instructions) <b>Accenture</b>
Date <b>5/4/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Ambika Dani</b> ..... Contributor address; City; State; Zip Code <b>6715 Hope Farm</b> <b>San Antonio, TX 78249</b>	Amount of contribution (\$) <b>27.00</b>
Principal occupation / Job title (See instructions) <b>Educator</b>		Employer (See instructions) <b>Promesa</b>
Date <b>5/4/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Lance escobedo</b> ..... Contributor address; City; State; Zip Code <b>11835 Petal Drive</b> <b>San Antonio, TX 78216</b>	Amount of contribution (\$) <b>200.00</b>
Principal occupation / Job title (See instructions) <b>Analyst</b>		Employer (See instructions) <b>Texas lab management</b>
Date <b>5/5/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Leticia Sanchez</b> ..... Contributor address; City; State; Zip Code <b>2718 Monterey</b> <b>San Antonio, TX 78207</b>	Amount of contribution (\$) <b>125.00</b>
Principal occupation / Job title (See instructions) <b>Not Employed</b>		Employer (See instructions) <b>Not Employed</b>

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

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

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**9 of 31**

2 FILER NAME  
**Mrs Teri M Castillo**

3 Filer ID (Ethics Commission Filers)

4 Date  
**5/6/2021**

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

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

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

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

9 Employer (See instructions)  
**Uber**

Date  
**5/6/2021**

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

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

Contributor address; City; State; Zip Code  
**514 Westwood Drive  
San Antonio, TX 78212**

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

Employer (See instructions)  
**Local District**

Date  
**5/6/2021**

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

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

Contributor address; City; State; Zip Code  
**418 W Huisache Ave Apt 3  
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)  
**cultural worker**

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

Date  
**5/6/2021**

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

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

Contributor address; City; State; Zip Code  
**6325 North Sheridan Road 1902  
Chicago, IL 60660-5721**

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: <b>10 of 31</b>
2 FILER NAME <b>Mrs Teri M Castillo</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>5/7/2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>James Long</b> ..... 6 Contributor address; City; State; Zip Code <b>2508 Tampico Street</b> <b>San Antonio, TX 78207</b>	7 Amount of contribution (\$) <b>17.00</b>
8 Principal occupation / Job title (See instructions) <b>Teacher</b>		9 Employer (See instructions) <b>SAISD</b>
Date <b>5/7/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>johnny valdez</b> ..... Contributor address; City; State; Zip Code <b>411 Barrett place</b> <b>san antonio, TX 78225</b>	Amount of contribution (\$) <b>67.00</b>
Principal occupation / Job title (See instructions) <b>Recruitment</b>		Employer (See instructions) <b>Cherokee Nation</b>
Date <b>5/7/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Andrea Sanderson</b> ..... Contributor address; City; State; Zip Code <b>12562 Valle DeZavala</b> <b>San Antonio, TX 78249</b>	Amount of contribution (\$) <b>10.00</b>
Principal occupation / Job title (See instructions) <b>Main Control</b>		Employer (See instructions) <b>Bexar Co.</b>
Date <b>5/7/2021</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 78217</b>	Amount of contribution (\$) <b>150.00</b>
Principal occupation / Job title (See instructions) <b>Academic Advisor</b>		Employer (See instructions) <b>University of Texas at San Antonio</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>11 of 31</b>
2 FILER NAME <b>Mrs Teri M Castillo</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>5/7/2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>John Alvarez</b> ..... 6 Contributor address; City; State; Zip Code <b>25805 Velvet Creek</b> <b>San Antonio, TX 78255</b>	7 Amount of contribution (\$) <b>312.00</b>
8 Principal occupation / Job title (See instructions) <b>Counselor</b>		9 Employer (See instructions) <b>Zachry</b>
Date <b>5/7/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Amy Kastely</b> ..... Contributor address; City; State; Zip Code <b>233 Lotus Ave</b> <b>San Antonio, TX 78210</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See instructions) <b>Retired Professor</b>		Employer (See instructions) <b>Self</b>
Date <b>5/7/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Alejandra Lopez</b> ..... Contributor address; City; State; Zip Code <b>118 Arlington Ct.</b> <b>San Antonio, TX 78210</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See instructions) <b>Teacher</b>		Employer (See instructions) <b>San Antonio Ind. School District</b>
Date <b>5/7/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Judith Norman</b> ..... Contributor address; City; State; Zip Code <b>407 E Park Ave</b> <b>San Antonio, TX 78212</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See instructions) <b>teacher</b>		Employer (See instructions) <b>Trinity University</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>12 of 31</b>
2 FILER NAME <b>Mrs Teri M Castillo</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>5/7/2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Vanessa Sanchez</b> ..... 6 Contributor address; City; State; Zip Code <b>910 W Mariposa Dr</b> <b>San Antonio, TX 78201</b>	7 Amount of contribution (\$) <b>500.00</b>
8 Principal occupation / Job title (See instructions) <b>Not Employed</b>		9 Employer (See instructions) <b>Not Employed</b>
Date <b>5/7/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Robert Gonzales</b> ..... Contributor address; City; State; Zip Code <b>4302 Redcap Dr</b> <b>San Antonio, TX 78222-4821</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See instructions) <b>Owner</b>		Employer (See instructions) <b>National Cab</b>
Date <b>5/7/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>San Antonio Alliance of Teachers and Support Personnel PAC</b> ..... Contributor address; City; State; Zip Code <b>120 Adams St</b> <b>San Antonio, TX 78210</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See instructions) <b>PAC</b>		Employer (See instructions)
Date <b>5/8/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Katy Bravenec</b> ..... Contributor address; City; State; Zip Code <b>501 Shook Ave</b> <b>SAN ANTONIO, TX 78212</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See instructions) <b>Union Organizer</b>		Employer (See instructions) <b>San Antonio Alliance of Teachers &amp; Support Personnel</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>13 of 31</b>
2 FILER NAME <b>Mrs Teri M Castillo</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>5/9/2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Edward Hernandez</b> ..... 6 Contributor address; City; State; Zip Code <b>351 Brighton Ave apt 340</b> <b>San Francisco, CA 94112</b>	7 Amount of contribution (\$) <b>27.00</b>
8 Principal occupation / Job title (See instructions) <b>Software Engineer</b>		9 Employer (See instructions) <b>Uber</b>
Date <b>5/10/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Greg Pena</b> ..... Contributor address; City; State; Zip Code <b>530 Ware</b> <b>San Antonio, TX 78221</b>	Amount of contribution (\$) <b>40.00</b>
Principal occupation / Job title (See instructions) <b>Manager</b>		Employer (See instructions) <b>Naturaleza Celestial</b>
Date <b>5/10/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Daniel Burke</b> ..... Contributor address; City; State; Zip Code <b>38732 brindlewood ln.</b> <b>Elgin, IL 60124</b>	Amount of contribution (\$) <b>12.50</b>
Principal occupation / Job title (See instructions) <b>Not Employed</b>		Employer (See instructions) <b>Not Employed</b>
Date <b>5/10/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>WANDA BROWN</b> ..... Contributor address; City; State; Zip Code <b>3017 Calverton Blvd</b> <b>Silver Spring, MD 20904</b>	Amount of contribution (\$) <b>1.25</b>
Principal occupation / Job title (See instructions) <b>Not Employed</b>		Employer (See instructions) <b>Not Employed</b>
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		



# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>14 of 31</b>
2 FILER NAME <b>Mrs Teri M Castillo</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>5/10/2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Rebecca Waldman</b> ..... 6 Contributor address; City; State; Zip Code <b>112 E ROSEWOOD AVE SAN ANTONIO, TX 78212</b>	7 Amount of contribution (\$) <b>50.00</b>
8 Principal occupation / Job title (See instructions) <b>Not Employed</b>		9 Employer (See instructions) <b>Not Employed</b>
Date <b>5/10/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>leslie lakind</b> ..... Contributor address; City; State; Zip Code <b>204 w san mateo rd santa fe, NM 87505</b>	Amount of contribution (\$) <b>5.00</b>
Principal occupation / Job title (See instructions) <b>Retired</b>		Employer (See instructions) <b>N/A</b>
Date <b>5/11/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Allen Townsend</b> ..... Contributor address; City; State; Zip Code <b>143 Walton Ave SAN ANTONIO, TX 78225</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See instructions) <b>retired</b>		Employer (See instructions) <b>not employed</b>
Date <b>5/11/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Clayton Tucker</b> ..... Contributor address; City; State; Zip Code <b>208 S. Western Ave. Lampasas, TX 76550</b>	Amount of contribution (\$) <b>27.00</b>
Principal occupation / Job title (See instructions) <b>Statewide Coordinator</b>		Employer (See instructions) <b>Our Revolution Texas</b>
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
**15 of 31**

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

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

**4** Date  
**5/12/2021**

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

**7** Amount of contribution (\$)  
**6.25**

**6** Contributor address; City; State; Zip Code  
**4812 Alton Pl NW**  
**Washington, DC 20016-2064**

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

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

Date  
**5/12/2021**

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

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

Contributor address; City; State; Zip Code  
**21711 West Kings Hwy**  
**San Antonio, TX 78201-4802**

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

Employer (See instructions)

Date  
**5/13/2021**

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

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

Contributor address; City; State; Zip Code  
**5327 Costa Mesa**  
**San Antonio, TX 78228**

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

Employer (See instructions)

Date  
**5/13/2021**

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

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

Contributor address; City; State; Zip Code  
**5503 Research Dr Apt 4106**  
**San Antonio, TX 78240**

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

Employer (See instructions)  
**University**

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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 31</b>
2 FILER NAME <b>Mrs Teri M Castillo</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>5/13/2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Nicholas Josefowitz</b> ..... 6 Contributor address; City; State; Zip Code <b>2512 Pacific Av</b> <b>San Francisco, CA 94115</b>	7 Amount of contribution (\$) <b>500.00</b>
8 Principal occupation / Job title (See instructions) <b>Executive</b>		9 Employer (See instructions) <b>SPUR</b>
Date <b>5/13/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Maureen Galindo</b> ..... Contributor address; City; State; Zip Code <b>300 Labor St #1313</b> <b>San Antonio, TX 78210</b>	Amount of contribution (\$) <b>190.00</b>
Principal occupation / Job title (See instructions) <b>Not Employed</b>		Employer (See instructions) <b>Not Employed</b>
Date <b>5/13/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Antonio Garcia</b> ..... Contributor address; City; State; Zip Code <b>243 East Huisache</b> <b>San Antonio, TX 78212</b>	Amount of contribution (\$) <b>67.00</b>
Principal occupation / Job title (See instructions) <b>Not Employed</b>		Employer (See instructions) <b>Not Employed</b>
Date <b>5/13/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Edward Guzman</b> ..... Contributor address; City; State; Zip Code <b>566 Calm Springs</b> <b>San Antonio, TX 78260</b>	Amount of contribution (\$) <b>250.00</b>
Principal occupation / Job title (See instructions) <b>Sales</b>		Employer (See instructions) <b>KB Home</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>17 of 31</b>
2 FILER NAME <b>Mrs Teri M Castillo</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>5/13/2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Bernie Villaseñor</b> ..... 6 Contributor address; City; State; Zip Code <b>139 Nightingale San Antonio, TX 78226</b>	7 Amount of contribution (\$) <b>100.00</b>
8 Principal occupation / Job title (See instructions) <b>Not Employed</b>		9 Employer (See instructions) <b>Not Employed</b>
Date <b>5/13/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Jacob Starr</b> ..... Contributor address; City; State; Zip Code <b>607 Russell Street Firth, NE 68358</b>	Amount of contribution (\$) <b>3.00</b>
Principal occupation / Job title (See instructions) <b>Student Worker</b>		Employer (See instructions) <b>North Park University</b>
Date <b>5/14/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Jake Keller</b> ..... Contributor address; City; State; Zip Code <b>319 Alderwood Dr Gaithersburg, MD 20878</b>	Amount of contribution (\$) <b>7.50</b>
Principal occupation / Job title (See instructions) <b>Not Employed</b>		Employer (See instructions) <b>Not Employed</b>
Date <b>5/14/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Rey Saldaña</b> ..... Contributor address; City; State; Zip Code <b>8902 Victoria Lake San Antonio, TX 78224</b>	Amount of contribution (\$) <b>150.00</b>
Principal occupation / Job title (See instructions) <b>Non-Profit Leader</b>		Employer (See instructions) <b>Communities In Schools National</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements		

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>18 of 31</b>
2 FILER NAME <b>Mrs Teri M Castillo</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>5/15/2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Nicholas Jurus</b> ..... 6 Contributor address; City; State; Zip Code <b>9412 SW Gorsuch Rd</b> <b>Vashon, WA 98070</b>	7 Amount of contribution (\$) <b>2.00</b>
8 Principal occupation / Job title (See instructions) <b>Not Employed</b>		9 Employer (See instructions) <b>Not Employed</b>
Date <b>5/15/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Henry Rodriguez</b> ..... Contributor address; City; State; Zip Code <b>501 Oakwood</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)
Date <b>5/16/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Susan Edelstein</b> ..... Contributor address; City; State; Zip Code <b>308 Heidinger Drive</b> <b>Cary, NC 27511</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>5/16/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mama Abuabara</b> ..... Contributor address; City; State; Zip Code <b>12621 Hunters Chase</b> <b>San Antonio, TX 78239</b>	Amount of contribution (\$) <b>75.00</b>
Principal occupation / Job title (See instructions) <b>Practice Administrator</b>		Employer (See instructions) <b>Sabas F. Abuabara MD</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>19 of 31</b>
2 FILER NAME <b>Mrs Teri M Castillo</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>5/17/2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Claudia Lopez</b> ..... 6 Contributor address; City; State; Zip Code <b>223 Westway Dr</b> <b>San Antonio, TX 78225</b>	7 Amount of contribution (\$) <b>10.00</b>
8 Principal occupation / Job title (See instructions) <b>Not Employed</b>		9 Employer (See instructions) <b>Not Employed</b>
Date <b>5/17/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Erika Reinhardt</b> ..... Contributor address; City; State; Zip Code <b>182 Howard St #150</b> <b>San Francisco, CA 94105</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See instructions) <b>Not employed</b>		Employer (See instructions) <b>Not employed</b>
Date <b>5/18/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Steve Versteeg</b> ..... Contributor address; City; State; Zip Code <b>105 Reno</b> <b>San Antonio, TX 78208</b>	Amount of contribution (\$) <b>47.00</b>
Principal occupation / Job title (See instructions) <b>design engineer</b>		Employer (See instructions) <b>FBD Partnership</b>
Date <b>5/18/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Karen Muñoz</b> ..... Contributor address; City; State; Zip Code <b>4212 Medical Dr. #1704</b> <b>San Antonio, TX 78229</b>	Amount of contribution (\$) <b>20.21</b>
Principal occupation / Job title (See instructions) <b>Consultant</b>		Employer (See instructions) <b>LatinoJustice PRLDEF</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>20 of 31</b>
2 FILER NAME <b>Mrs Teri M Castillo</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>5/18/2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Brian Platt</b> ..... 6 Contributor address; City; State; Zip Code <b>1512 NE 147th St</b> <b>Shoreline, WA 98155</b>	7 Amount of contribution (\$) <b>20.21</b>
8 Principal occupation / Job title (See instructions) <b>Associate Faculty - Precision Machining</b>		9 Employer (See instructions) <b>Everett Community College</b>
Date <b>5/18/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Amador Salazar</b> ..... Contributor address; City; State; Zip Code <b>6503 Arrid Pass</b> <b>San Antonio, TX 78238</b>	Amount of contribution (\$) <b>20.21</b>
Principal occupation / Job title (See instructions) <b>Graduate Student</b>		Employer (See instructions) <b>University of Texas at San Antonio4670</b>
Date <b>5/19/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Elizabeth Williams</b> ..... Contributor address; City; State; Zip Code <b>1111 10th street</b> <b>Alamogordo, NM 88310</b>	Amount of contribution (\$) <b>1.00</b>
Principal occupation / Job title (See instructions) <b>Not Employed</b>		Employer (See instructions) <b>Not Employed</b>
Date <b>5/19/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Vickie Lucero</b> ..... Contributor address; City; State; Zip Code <b>5155 Village Crest</b> <b>San Antonio, TX 78218</b>	Amount of contribution (\$) <b>21.00</b>
Principal occupation / Job title (See instructions) <b>Sales</b>		Employer (See instructions) <b>MPN inc</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:  
**21 of 31**

2 FILER NAME  
**Mrs Teri M Castillo**

3 Filer ID (Ethics Commission Filers)

4 Date  
**5/19/2021**

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

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

6 Contributor address; City; State; Zip Code  
**129 Calvert Ct  
Oakland, CA 94611**

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

9 Employer (See instructions)  
**Twilio**

Date  
**5/19/2021**

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

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

Contributor address; City; State; Zip Code  
**441 37th St  
Oakland, CA 94609**

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

Employer (See instructions)  
**self**

Date  
**5/19/2021**

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

Amount of contribution (\$)  
**11.11**

Contributor address; City; State; Zip Code  
**636 Carlton Avenue  
Brooklyn, NY 11238**

Principal occupation / Job title (See instructions)  
**Graduate Research Assistant**

Employer (See instructions)  
**Columbia University**

Date  
**5/19/2021**

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

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

Contributor address; City; State; Zip Code  
**7211 Dubies Drive  
San Antonio, TX 78216**

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

Employer (See instructions)  
**Self**

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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>22 of 31</b>
2 FILER NAME <b>Mrs Teri M Castillo</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>5/19/2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Elizabeth Hoover</b> ..... 6 Contributor address; City; State; Zip Code <b>3024 n Lincoln ave</b> <b>Chicago, IL 60657</b>	7 Amount of contribution (\$) <b>50.00</b>
8 Principal occupation / Job title (See instructions) <b>Consultant</b>		9 Employer (See instructions) <b>270 strategies</b>
Date <b>5/19/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Amanda Hill</b> ..... Contributor address; City; State; Zip Code <b>11619 Bridge Hampton</b> <b>San Antonio, TX 78251-3202</b>	Amount of contribution (\$) <b>17.00</b>
Principal occupation / Job title (See instructions) <b>Project coordinator</b>		Employer (See instructions) <b>AVTS</b>
Date <b>5/19/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Lauren Fraser</b> ..... Contributor address; City; State; Zip Code <b>459 Ashbury St</b> <b>San Francsico, CA 94117</b>	Amount of contribution (\$) <b>50.00</b>
Principal occupation / Job title (See instructions) <b>partnerships</b>		Employer (See instructions) <b>Facebook</b>
Date <b>5/19/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Molly Cox</b> ..... Contributor address; City; State; Zip Code <b>122 Jeanette Drive</b> <b>San Antonio, TX 78216</b>	Amount of contribution (\$) <b>47.00</b>
Principal occupation / Job title (See instructions) <b>Consultant</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:  
**23 of 31**

2 FILER NAME  
**Mrs Teri M Castillo**

3 Filer ID (Ethics Commission Filers)

4 Date  
**5/19/2021**

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

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

6 Contributor address; City; State; Zip Code  
**706 Lovera Blvd  
San Antonio, TX 78212**

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

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

Date  
**5/19/2021**

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

Amount of contribution (\$)  
**1.11**

Contributor address; City; State; Zip Code  
**1811 Oak St.  
North Aurora, IL 60542**

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

Employer (See instructions)  
**DeKalb high school**

Date  
**5/19/2021**

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

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

Contributor address; City; State; Zip Code  
**5001 Lawton Ave  
Oakland, CA 94609**

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

Employer (See instructions)  
**Not Employed**

Date  
**5/19/2021**

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

Amount of contribution (\$)  
**12.50**

Contributor address; City; State; Zip Code  
**57 28th Ave  
San Mateo, CA 94403**

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

Employer (See instructions)  
**LinkedIn Corporation**

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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 31</b>
2 FILER NAME <b>Mrs Teri M Castillo</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>5/20/2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Chad Dyer</b> ..... 6 Contributor address; City; State; Zip Code <b>667 Mangels Ave</b> <b>San Francisco, CA 94127</b>	7 Amount of contribution (\$) <b>500.00</b>
8 Principal occupation / Job title (See instructions) <b>Retired</b>		9 Employer (See instructions) <b>NA</b>
Date <b>5/20/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Brandon Silverman</b> ..... Contributor address; City; State; Zip Code <b>854 Longridge Rd</b> <b>Oakland, CA 94610</b>	Amount of contribution (\$) <b>50.00</b>
Principal occupation / Job title (See instructions) <b>Director</b>		Employer (See instructions) <b>Facebook</b>
Date <b>5/20/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Bruce Nilles</b> ..... Contributor address; City; State; Zip Code <b>6051 Monroe Ave</b> <b>OAKLAND, CA 94618-1763</b>	Amount of contribution (\$) <b>25.00</b>
Principal occupation / Job title (See instructions) <b>Atty</b>		Employer (See instructions) <b>RMI</b>
Date <b>5/21/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Justin Dawe</b> ..... Contributor address; City; State; Zip Code <b>3048 College Ave #3</b> <b>Berkeley, CA 94705</b>	Amount of contribution (\$) <b>50.00</b>
Principal occupation / Job title (See instructions) <b>Not Employed</b>		Employer (See instructions) <b>Not Employed</b>

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**25 of 31**

2 FILER NAME  
**Mrs Teri M Castillo**

3 Filer ID (Ethics Commission Filers)

4 Date  
**5/21/2021**

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

7 Amount of contribution (\$)  
**2.23**

6 Contributor address; City; State; Zip Code  
**2217 Stone Post Rd  
Manhattan, KS 66502**

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

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

Date  
**5/21/2021**

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

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

Contributor address; City; State; Zip Code  
**527 Carpenter Ln  
Philadelphia, PA 19119**

Principal occupation / Job title (See instructions)  
**family physician**

Employer (See instructions)  
**BronxCare Health System**

Date  
**5/21/2021**

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

Amount of contribution (\$)  
**1.11**

Contributor address; City; State; Zip Code  
**11 Pleasant Dr  
Saratoga Springs, NY 12866**

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

Employer (See instructions)  
**Not Employed**

Date  
**5/21/2021**

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

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

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

Principal occupation / Job title (See instructions)  
**Co-CEO**

Employer (See instructions)  
**The Gathering Place**

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

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		<b>1</b> Total pages Schedule A1: <b>26 of 31</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>5/21/2021</b>	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Tim Cull</b> ..... <b>6</b> Contributor address; City; State; Zip Code <b>1939 Virginia St</b> <b>Berkeley, CA 94709</b>	<b>7</b> Amount of contribution (\$) <b>50.00</b>
<b>8</b> Principal occupation / Job title (See instructions) <b>Engineer</b>		<b>9</b> Employer (See instructions) <b>Swingleft</b>
Date <b>5/21/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Viola Casares</b> ..... Contributor address; City; State; Zip Code <b>1311 Brighton</b> <b>San Antonio, TX 78211-1541</b>	Amount of contribution (\$) <b>50.00</b>
Principal occupation / Job title (See instructions) <b>Retired</b>		Employer (See instructions)
Date <b>5/21/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Rodolfo Rosales</b> ..... Contributor address; City; State; Zip Code <b>107 Janis Rae</b> <b>San Antonio, TX 78201-3813</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See instructions) <b>Retired</b>		Employer (See instructions)
Date <b>5/22/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Bear Kaufmann</b> ..... Contributor address; City; State; Zip Code <b>1274 64th Street</b> <b>Emeryville, CA 94608</b>	Amount of contribution (\$) <b>50.00</b>
Principal occupation / Job title (See instructions) <b>Scientist</b>		Employer (See instructions) <b>ALL Power Labs</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**27 of 31**

2 FILER NAME  
**Mrs Teri M Castillo**

3 Filer ID (Ethics Commission Filers)

4 Date  
**5/22/2021**

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

7 Amount of contribution (\$) **4.45**

6 Contributor address; City; State; Zip Code  
**712 S 2 Av  
Highland Park, NJ 08904**

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

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

Date  
**5/24/2021**

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

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

Contributor address; City; State; Zip Code  
**139 Nightingale  
San Antonio, TX 78226**

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

Employer (See instructions)  
**Not Employed**

Date  
**5/24/2021**

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

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

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

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

Employer (See instructions)  
**Garage Cell**

Date  
**5/24/2021**

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

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

Contributor address; City; State; Zip Code  
**8454 Grand View Drive  
LOS ANGELES, CA 90046**

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 31**

2 FILER NAME  
**Mrs Teri M Castillo**

3 Filer ID (Ethics Commission Filers)

4 Date  
**5/24/2021**

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

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

6 Contributor address; City; State; Zip Code  
**PO Box 108  
Tombales, CA 94971**

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

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

Date  
**5/24/2021**

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

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

Contributor address; City; State; Zip Code  
**1514 W Summit Ave  
San Antonio, TX 78201**

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

Employer (See instructions)  
**Trinity University**

Date  
**5/24/2021**

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

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

Contributor address; City; State; Zip Code  
**1632 12th ave  
oakland, CA 94606**

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

Employer (See instructions)  
**Trader Joes**

Date  
**5/24/2021**

Full name of contributor ☒ out-of-state PAC (ID# **C00027342**)  
**IBEW PAC Voluntary Fund**

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

Contributor address; City; State; Zip Code  
**900 Seventh Street N.W.  
Washington, DC 20001**

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

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>29 of 31</b>
2 FILER NAME <b>Mrs Teri M Castillo</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>5/24/2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Ray Morales</b> ..... 6 Contributor address; City; State; Zip Code <b>203 Medford Drive</b> <b>San Antonio, TX 78209</b>	7 Amount of contribution (\$) <b>500.00</b>
8 Principal occupation / Job title (See instructions) <b>Retired</b>		9 Employer (See instructions)
Date <b>5/24/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Joe Castillo III</b> ..... Contributor address; City; State; Zip Code <b>303 Cass Ave</b> <b>San Antonio, TX 78204</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See instructions) <b>Manager</b>		Employer (See instructions) <b>Walgreens</b>
Date <b>5/25/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Nandan Rao</b> ..... Contributor address; City; State; Zip Code <b>5931 NW Burgundy Drive</b> <b>Corvallis, OR 97330</b>	Amount of contribution (\$) <b>22.23</b>
Principal occupation / Job title (See instructions) <b>Software Developer</b>		Employer (See instructions) <b>Nandan Rao</b>
Date <b>5/25/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Felipe Perez</b> ..... Contributor address; City; State; Zip Code <b>9406 Valley Moss</b> <b>San Antonio, TX 78250</b>	Amount of contribution (\$) <b>10.00</b>
Principal occupation / Job title (See instructions) <b>Maintenance</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:  
**30 of 31**

2 FILER NAME  
**Mrs Teri M Castillo**

3 Filer ID (Ethics Commission Filers)

4 Date  
**5/25/2021**

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

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

6 Contributor address; City; State; Zip Code  
**222 Inspiration  
San Antonio, TX 78228**

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

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

Date  
**5/25/2021**

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

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

Contributor address; City; State; Zip Code  
**1200 Avenue B #514  
San Antonio, TX 78215**

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

Employer (See instructions)  
**Cotchett Pitre McCarthy LLP**

Date  
**5/25/2021**

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 08904**

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

Employer (See instructions)  
**Not Employed**

Date  
**5/26/2021**

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

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

Contributor address; City; State; Zip Code  
**139 Nightingale  
San Antonio, TX 78226**

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

Employer (See instructions)  
**Not Employed**

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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
**31 of 31**

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

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

**4** Date  
**5/26/2021**

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

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

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

**8** Principal occupation / Job title (See instructions)  
**Vascular Surgeon**

**9** Employer (See instructions)  
**Self**

Date  
**5/26/2021**

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

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

Contributor address; City; State; Zip Code  
**229 W. Rosewood Ave  
San Antonio, TX 78212**

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

Employer (See instructions)  
**Casillas Law Firm PLLC**

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See instructions)

Employer (See instructions)

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

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

## SCHEDULE A2

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

# PLEDGED CONTRIBUTIONS

## SCHEDULE B

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 8</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>4/26/2021</b>	<b>5</b> Payee name <b>PRESTIGE PRINTING, LLC</b>	
<b>6</b> Amount (\$) <b>465.48</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>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>4/26/2021</b>	Payee name <b>Little Caesars</b>		
Amount (\$) <b>16.13</b>	Payee address; City; State; Zip Code <b>207 Zarzamora St San Antonio, TX 78207</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Food/Beverage Expense</b>	Description <b>Dinner for volunteers.</b>	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH      Candidate / Officeholder name      Office sought      Office held			

  

Date <b>4/26/2021</b>	Payee name <b>H-E-B</b>		
Amount (\$) <b>38.14</b>	Payee address; City; State; Zip Code <b>1601 Nogalitos San Antonio, TX 78204</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Food/Beverage Expense</b>	Description <b>Food and drinks.</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 8</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>4/27/2021</b>	<b>5</b> Payee name <b>Kathryn Bravenec</b>		
<b>6</b> Amount (\$) <b>1400.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>501 Shook Avenue San Antonio, TX 78212</b>		
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Consulting Expense</b>		<b>(b)</b> Description <b>Field Director</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			
Date <b>4/30/2021</b>	Payee name <b>H-E-B</b>		
Amount (\$) <b>19.40</b>	Payee address; City; State; Zip Code <b>300 West Olmos Drive San Antonio, TX 78212</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Food/Beverage Expense</b>		Description <b>Food and Drinks</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			
Date <b>5/1/2021</b>	Payee name <b>Max T Johnson</b>		
Amount (\$) <b>150.00</b>	Payee address; City; State; Zip Code <b>74 Wagner Ave San Antonio, TX 78211</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Consulting Expense</b>		Description <b>Consultant 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			

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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 8</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>5/3/2021</b>	<b>5</b> Payee name <b>Shotgun House Coffee Roasters</b>		
<b>6</b> Amount (\$) <b>11.12</b>	<b>7</b> Payee address; City; State; Zip Code <b>1333 Buena Vista St San Antonio, TX 78207</b>		
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Food/Beverage Expense</b>		<b>(b)</b> Description <b>Coffee</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>5/4/2021</b>	Payee name <b>Self Branded SA</b>		
Amount (\$) <b>200.25</b>	Payee address; City; State; Zip Code <b>702 Richland Hills Drive San Antonio, TX 78245</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Printing Expense</b>		Description <b>T-Shirts</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date <b>5/5/2021</b>	Payee name <b>ActBlue</b>		
Amount (\$) <b>91.14</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>Online Fundraising 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>4 of 8</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>5/7/2021</b>	<b>5</b> Payee name <b>PRESTIGE PRINTING, LLC</b>	
<b>6</b> Amount (\$) <b>1044.62</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>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>5/7/2021</b>	Payee name <b>Oasis Tropical Fruteria</b>		
Amount (\$) <b>53.97</b>	Payee address; City; State; Zip Code <b>2316 S Laredo St San Antonio, TX 78207</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Food/Beverage Expense</b>	Description <b>Food for Volunteers</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>5/12/2021</b>	Payee name <b>H-E-B</b>		
Amount (\$) <b>42.01</b>	Payee address; City; State; Zip Code <b>1601 Nogalitos San Antonio, TX 78204</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Food/Beverage Expense</b>	Description <b>Food and Drinks</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 8</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>5/13/2021</b>	<b>5</b> Payee name <b>PRESTIGE PRINTING, LLC</b>	
<b>6</b> Amount (\$) <b>1380.19</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>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>5/13/2021</b>	Payee name <b>PRESTIGE PRINTING, LLC</b>		
Amount (\$) <b>930.95</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>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>5/13/2021</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 Director</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 8</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>5/14/2021</b>	<b>5</b> Payee name <b>Shotgun House Coffee Roasters</b>		
<b>6</b> Amount (\$) <b>11.28</b>	<b>7</b> Payee address; City; State; Zip Code <b>1333 Buena Vista St San Antonio, TX 78207</b>		
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Food/Beverage Expense</b>		<b>(b)</b> Description <b>Coffee</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>5/17/2021</b>	Payee name <b>Family Dollar</b>		
Amount (\$) <b>18.40</b>	Payee address; City; State; Zip Code <b>803 Castroville Rd San Antonio, TX 78237</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Other: Supplies</b>		Description <b>Umbrellas for volunteers.</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>5/21/2021</b>	Payee name <b>PRESTIGE PRINTING, LLC</b>		
Amount (\$) <b>1044.61</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>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			

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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>7 of 8</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>5/21/2021</b>	<b>5</b> Payee name <b>Alamo Pizza</b>		
<b>6</b> Amount (\$) <b>45.98</b>	<b>7</b> Payee address; City; State; Zip Code <b>3938 S Zarzamora St San Antonio, TX 78225</b>		
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Food/Beverage Expense</b>		<b>(b)</b> Description <b>Food for volunteers</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>5/22/2021</b>	Payee name <b>Camp Outpost Co.</b>		
Amount (\$) <b>104.92</b>	Payee address; City; State; Zip Code <b>1811 s Alamo St San Antonio, TX 78204</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Food/Beverage Expense</b>		Description <b>Team Dinner</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>5/24/2021</b>	Payee name <b>BBVA</b>		
Amount (\$) <b>9.00</b>	Payee address; City; State; Zip Code <b>218 S Zarzamora St San Antonio, TX 78207</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Accounting/Banking</b>		Description <b>Purchasing Checks</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>8 of 8</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>5/24/2021</b>	<b>5</b> Payee name <b>H-E-B</b>	
<b>6</b> Amount (\$) <b>42.62</b>	<b>7</b> Payee address; City; State; Zip Code <b>1601 Nogalitos San Antonio, TX 78204</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Food/Beverage Expense</b>	<b>(b)</b> Description <b>Food and Drinks for Volunteers.</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>5/26/2021</b>	Payee name <b>PRESTIGE PRINTING, LLC</b>		
Amount (\$) <b>1044.61</b>	Payee address; City; State; Zip Code <b>8 Burwood Ln San Antonio, TX 78204</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Printing Expense</b>	Description <b>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	Payee name		
Amount (\$)	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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# 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 (\$)

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

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F4: <b>1 of 1</b>	<b>2</b> FILER NAME <b>Mrs Teri M Castillo</b>	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	<b>\$ 0</b>
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<b>5</b> Date	<b>6</b> Payee name
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<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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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

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

  

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

  

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

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

## SCHEDULE H

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

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

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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE I**

The Instruction Guide explains how to complete this form.

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

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

**SCHEDULE K**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

1 of 1

2 FILER NAME

**Mrs Teri M Castillo**

3 Filer ID (Ethics Commission Filers)

4 Date  
**5/26/2021**

5 Name of person from whom amount is received

**Graciela Sanchez**

8 Amount (\$)  
**500.00**

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

**233 Lotus  
San Antonio, TX 78210**

7 Purpose for which amount is received

**Ineligible**

☒ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

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

Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

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

Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

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

Purpose for which amount is received

☐ Check if political contribution returned to filer

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

**SCHEDULE T**

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

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

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

C/OH NAME  
Mrs Teri M Castillo

Filer ID (Ethics Commission Filers)

## SIGNATURE

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

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

## FILER WHO IS NOT AN OFFICEHOLDER

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

### A. CAMPAIGN FUNDS

Check only one:

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

### B. ASSETS

Check only one:

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

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

## OFFICEHOLDER

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

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

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