



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

**14** C/OH NAME  
**Mrs Teri M Castillo**

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

**16** NOTICE FROM POLITICAL COMMITTEE(S)

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.

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

<b>17</b> CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 45.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5527.56
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 4622.23
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 23435.19
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 3500.00

**18** AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

**\*\*\* Electronically Certified \*\*\***

\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Mrs Teri M Castillo, this the 29th day of April, 2023, to certify which, witness my hand and seal of office.

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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>\$ 5527.56</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>\$ 4622.23</b>
6. <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		<b>\$ 0</b>
7. <input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		<b>\$ 0</b>
8. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		<b>\$ 0</b>
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		<b>\$ 0</b>
10. <input checked="" type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		<b>\$ 0</b>
11. <input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		<b>\$ 0</b>
12. <input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		<b>\$ 0</b>

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

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

2 FILER NAME  
**Mrs Teri M Castillo**

3 Filer ID (Ethics Commission Filers)

4 Date  
**3/28/2023**

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

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

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

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

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

Date  
**3/28/2023**

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

Amount of contribution (\$)  
**7.50**

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

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

Employer (See instructions)  
**Not Employed**

Date  
**3/29/2023**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Marti Garza**

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

Contributor address; City; State; Zip Code  
**405 Stieren Street  
San Antonio, TX 78210**

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

Employer (See instructions)  
**Central South Carpenters Regional Council**

Date  
**3/30/2023**

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

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

Contributor address; City; State; Zip Code  
**139 NIGHTINGALE DR  
SAN ANTONIO, TX 78226-1731**

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>2 of 14</b>
2 FILER NAME <b>Mrs Teri M Castillo</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/30/2023</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Justin Renteria</b>	7 Amount of contribution (\$) <b>200.00</b>
6 Contributor address; City; State; Zip Code <b>343 langford place San antonio, TX 78221</b>		
8 Principal occupation / Job title (See instructions) <b>Aide</b>		9 Employer (See instructions) <b>Cosa</b>
Date <b>3/31/2023</b>	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID# <b>C00004861</b> ) <b>Unite Here Tip Campaign Committee</b>	Amount of contribution (\$) <b>500.00</b>
Contributor address; City; State; Zip Code <b>275 7th Avenue, 16th Floor New York, NY 10001</b>		
Principal occupation / Job title (See instructions) <b>PAC</b>		Employer (See instructions) <b>PAC</b>
Date <b>3/31/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Justin R Rodriguez Campaign Fund</b>	Amount of contribution (\$) <b>500.00</b>
Contributor address; City; State; Zip Code <b>PO Box 100153 San Antonio, TX 78201</b>		
Principal occupation / Job title (See instructions) <b>County Commissioner</b>		Employer (See instructions) <b>Bexar County</b>
Date <b>3/31/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Colton Uden</b>	Amount of contribution (\$) <b>20.00</b>
Contributor address; City; State; Zip Code <b>100 N Santa Rosa St #620 San Antonio, TX 78207</b>		
Principal occupation / Job title (See instructions) <b>Student</b>		Employer (See instructions) <b>UTSA</b>

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

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

2 FILER NAME  
**Mrs Teri M Castillo**

3 Filer ID (Ethics Commission Filers)

4 Date  
**3/31/2023**

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Molly Cox**

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

6 Contributor address; City; State; Zip Code  
**122 Jeanette Drive  
San Antonio, TX 78216**

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

9 Employer (See instructions)  
**SA2020**

Date  
**3/31/2023**

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

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

Contributor address; City; State; Zip Code  
**4306 Redcap  
San Antonio, TX 78222**

Principal occupation / Job title (See instructions)  
**Cabdrivers/Co manager**

Employer (See instructions)  
**National Cab**

Date  
**3/31/2023**

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

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

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

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

Employer (See instructions)  
**Self**

Date  
**4/2/2023**

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

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

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

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

Employer (See instructions)  
**Not Employed**

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

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

2 FILER NAME  
**Mrs Teri M Castillo**

3 Filer ID (Ethics Commission Filers)

4 Date  
**4/3/2023**

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

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

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

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

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

Date  
**4/3/2023**

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

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

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

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

Employer (See instructions)  
**Sawillos Corp**

Date  
**4/5/2023**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Sandy Rodgers**

Amount of contribution (\$)  
**2.27**

Contributor address; City; State; Zip Code  
**1351 E 8th st  
Beaumont, CA 92223**

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

Employer (See instructions)  
**Not Employed**

Date  
**4/5/2023**

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

Amount of contribution (\$)  
**4.55**

Contributor address; City; State; Zip Code  
**560 Little Lake Dr #30  
Ann Arbor, MI 48103**

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

Employer (See instructions)  
**RIIS LLC**

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

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

2 FILER NAME  
**Mrs Teri M Castillo**

3 Filer ID (Ethics Commission Filers)

4 Date  
**4/5/2023**

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

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

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

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

9 Employer (See instructions)  
**META**

Date  
**4/6/2023**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**COURTNEY KISHBAUGH**

Amount of contribution (\$)  
**1.14**

Contributor address; City; State; Zip Code  
**1841 West 50th Street  
CLEVELAND, OH 44102**

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

Employer (See instructions)  
**Cleveland Innovation Project**

Date  
**4/7/2023**

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

Amount of contribution (\$)  
**1.59**

Contributor address; City; State; Zip Code  
**PO Box 307  
Hancock, NH 03449**

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

Employer (See instructions)  
**Not Employed**

Date  
**4/7/2023**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Peter Belmont**

Amount of contribution (\$)  
**1.14**

Contributor address; City; State; Zip Code  
**166 Columbia Hts  
Brooklyn, NY 11201**

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

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>6 of 14</b>
2 FILER NAME <b>Mrs Teri M Castillo</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4/9/2023</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Bernie Villasenor</b>	7 Amount of contribution (\$) <b>100.00</b>
6 Contributor address; City; State; Zip Code <b>139 Nightingale San Antonio, TX 78226</b>		
8 Principal occupation / Job title (See instructions) <b>Not Employed</b>		9 Employer (See instructions) <b>Not Employed</b>
Date <b>4/11/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Daniel Derozier</b>	Amount of contribution (\$) <b>17.00</b>
Contributor address; City; State; Zip Code <b>1901 Binz St #3 Houston, TX 77004</b>		
Principal occupation / Job title (See instructions) <b>Digital Director</b>		Employer (See instructions) <b>Sagacity Media Inc.</b>
Date <b>4/12/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Oona Coy</b>	Amount of contribution (\$) <b>250.00</b>
Contributor address; City; State; Zip Code <b>1 Venturers Field Rd Northampton, MA 01060</b>		
Principal occupation / Job title (See instructions) <b>Not Employed</b>		Employer (See instructions) <b>Not Employed</b>
Date <b>4/13/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Heatherjoy Klein</b>	Amount of contribution (\$) <b>1.14</b>
Contributor address; City; State; Zip Code <b>1950 sw 75th ave plantation, FL 33317</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: <b>7 of 14</b>
2 FILER NAME <b>Mrs Teri M Castillo</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4/13/2023</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Rollin Dix</b>	7 Amount of contribution (\$) <b>1.00</b>
6 Contributor address; City; State; Zip Code <b>10154 south seeley avenue chicago, IL 60643</b>		
8 Principal occupation / Job title (See instructions) <b>Not Employed</b>		9 Employer (See instructions) <b>Not Employed</b>
Date <b>4/13/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Judy Zemel</b>	Amount of contribution (\$) <b>1.14</b>
Contributor address; City; State; Zip Code <b>44 Cherry St. Brattleboro, VT 05301</b>		
Principal occupation / Job title (See instructions) <b>Not Employed</b>		Employer (See instructions) <b>Not Employed</b>
Date <b>4/13/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Lorna Wood</b>	Amount of contribution (\$) <b>1.14</b>
Contributor address; City; State; Zip Code <b>1030 South Gay St. Auburn, AL 36830</b>		
Principal occupation / Job title (See instructions) <b>teacher</b>		Employer (See instructions) <b>self</b>
Date <b>4/14/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Alex Birnel</b>	Amount of contribution (\$) <b>25.00</b>
Contributor address; City; State; Zip Code <b>1938 W Magnolia Ave San Antonio, TX 78201</b>		
Principal occupation / Job title (See instructions) <b>Advocacy Director</b>		Employer (See instructions) <b>MOVE Texas</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:  
**8 of 14**

2 FILER NAME  
**Mrs Teri M Castillo**

3 Filer ID (Ethics Commission Filers)

4 Date  
**4/14/2023**

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

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

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

8 Principal occupation / Job title (See instructions)  
**Pole handler**

9 Employer (See instructions)  
**Cps energy**

Date  
**4/14/2023**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Martha Briseno**

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

Contributor address; City; State; Zip Code  
**2752 Hollandale Lane  
Farmers Branch, TX 75235**

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

Employer (See instructions)  
**Pts**

Date  
**4/14/2023**

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

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

Contributor address; City; State; Zip Code  
**538 W Highland Blvd  
San Antonio, TX 78210**

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

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

Date  
**4/14/2023**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Uel Trejo-Rivera**

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

Contributor address; City; State; Zip Code  
**5606 Castle Knight Dr  
San Antonio, TX 78218-2310**

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

Employer (See instructions)  
**City**

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

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

2 FILER NAME  
**Mrs Teri M Castillo**

3 Filer ID (Ethics Commission Filers)

4 Date  
**4/14/2023**

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

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

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

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

9 Employer (See instructions)  
**SAISD**

Date  
**4/15/2023**

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

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

Contributor address; City; State; Zip Code  
**139 NIGHTINGALE DR  
SAN ANTONIO, TX 78226-1731**

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

Employer (See instructions)  
**Not Employed**

Date  
**4/18/2023**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**CD Tire Corp**

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

Contributor address; City; State; Zip Code  
**1503 W Commerce St  
San Antonio, TX 78207**

Principal occupation / Job title (See instructions)  
**Auto Shop**

Employer (See instructions)  
**Auto Shop**

Date  
**4/18/2023**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Jaime P Casiano**

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

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

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

Employer (See instructions)  
**Self Employed**

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

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

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

2 FILER NAME  
**Mrs Teri M Castillo**

3 Filer ID (Ethics Commission Filers)

4 Date  
**4/18/2023**

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Macias Income Tax Service**

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

6 Contributor address; City; State; Zip Code  
**1427 W Commerce St  
San Antonio, TX 78207**

8 Principal occupation / Job title (See instructions)  
**Tax Service**

9 Employer (See instructions)  
**Tax Service**

Date  
**4/18/2023**

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

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

Contributor address; City; State; Zip Code  
**208 Prinz Dr  
San Antonio, TX 78213**

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

Employer (See instructions)  
**Self Employed**

Date  
**4/18/2023**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Victor Miramontes**

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

Contributor address; City; State; Zip Code  
**1106 Country Court  
San Antonio, TX 78207**

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

Employer (See instructions)  
**Self Employed**

Date  
**4/19/2023**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**ZIHENG FANG**

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

Contributor address; City; State; Zip Code  
**4250 S. Arville St. #369  
Las Vegas, NV 89103**

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

Employer (See instructions)  
**MGM Resorts Intl**

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

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

2 FILER NAME  
**Mrs Teri M Castillo**

3 Filer ID (Ethics Commission Filers)

4 Date  
**4/20/2023**

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Theresa Preston-Werner**

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

6 Contributor address; City; State; Zip Code  
**325 Upper Toyon Dr  
Ross, CA 94957**

8 Principal occupation / Job title (See instructions)  
**co-founder**

9 Employer (See instructions)  
**Preston-Werner Ventures**

Date  
**4/22/2023**

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

Amount of contribution (\$)  
**12.00**

Contributor address; City; State; Zip Code  
**2210 Cherokee Cir  
Valparaiso, IN 46383-2284**

Principal occupation / Job title (See instructions)  
**Team Member**

Employer (See instructions)  
**VCAL Donuts**

Date  
**4/22/2023**

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

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

Contributor address; City; State; Zip Code  
**3155 Mountain View Drive  
Laguna Beach, CA 92651**

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

Employer (See instructions)  
**Not Employed**

Date  
**4/22/2023**

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

Amount of contribution (\$)  
**9.00**

Contributor address; City; State; Zip Code  
**4716 greenpoint ave apt  
Queens, NY 11104**

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

Employer (See instructions)  
**Consensys**

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

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

2 FILER NAME  
**Mrs Teri M Castillo**

3 Filer ID (Ethics Commission Filers)

4 Date  
**4/24/2023**

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

7 Amount of contribution (\$) **1.19**

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  
**4/24/2023**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Peter Keegan**

Amount of contribution (\$) **1.19**

Contributor address; City; State; Zip Code  
**400 N 53rd Ave W  
Duluth, MN 55425**

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

Employer (See instructions)  
**DCC**

Date  
**4/24/2023**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Tom Preston-Werner**

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

Contributor address; City; State; Zip Code  
**325 Upper Toyon Dr  
Ross, CA 94957**

Principal occupation / Job title (See instructions)  
**co-founder**

Employer (See instructions)  
**Preston-Werner Ventures**

Date  
**4/24/2023**

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

Amount of contribution (\$) **2.38**

Contributor address; City; State; Zip Code  
**PO Box 307  
Hancock, NH 03449**

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:  
**13 of 14**

2 FILER NAME  
**Mrs Teri M Castillo**

3 Filer ID (Ethics Commission Filers)

4 Date  
**4/25/2023**

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

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

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

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

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

Date  
**4/25/2023**

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

Amount of contribution (\$)  
**1.19**

Contributor address; City; State; Zip Code  
**601 Nelray Blvd  
Austin, TX 78751**

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

Employer (See instructions)  
**University of Texas at Austin**

Date  
**4/25/2023**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Nikhil Shimpi**

Amount of contribution (\$)  
**7.00**

Contributor address; City; State; Zip Code  
**139 Emerson Pl. #107  
Brooklyn, NY 11205**

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

Employer (See instructions)  
**National Labor Relations Board (U.S. Government)**

Date  
**4/26/2023**

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

Amount of contribution (\$)  
**12.00**

Contributor address; City; State; Zip Code  
**650 Palisade Ave  
Yonkers, NY 10703**

Principal occupation / Job title (See instructions)  
**Quality Assurance Engineer**

Employer (See instructions)  
**New Visions for Public Schools**

**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:  
**14 of 14**

2 FILER NAME  
**Mrs Teri M Castillo**

3 Filer ID (Ethics Commission Filers)

4 Date  
**4/26/2023**

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

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

6 Contributor address; City; State; Zip Code  
**2210 Cherokee Cir  
Valparaiso, IN 46383-2284**

8 Principal occupation / Job title (See instructions)  
**Team Member**

9 Employer (See instructions)  
**VCAL Donuts**

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)

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See instructions)

Employer (See instructions)

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

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

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <b>1 of 1</b>
2 FILER NAME <b>Mrs Teri M Castillo</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		<b>\$ 0</b>
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

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B: <b>1 of 1</b>
2 FILER NAME <b>Mrs Teri M Castillo</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED PLEDGES		<b>\$ 0</b>
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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E: <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 LOANS		<b>\$ 0</b>
<b>5</b> Date of loan	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____)	<b>9</b> Loan Amount (\$)
<b>6</b> Is lender a financial institution?	<b>8</b> Lender address; . . . . . City; State; Zip Code	<b>10</b> Interest rate
		<b>11</b> Maturity date
<b>12</b> Principal occupation / Job title (See instructions)		<b>13</b> Employer (See instructions)
<b>14</b> Description of Collateral <input type="checkbox"/> none		<b>15</b> <input type="checkbox"/> Check if personal funds were deposited into political account (See instructions)
<b>16</b> GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	<b>17</b> Name of guarantor	<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address; . . . . . City; State; Zip Code	
<b>20</b> Principal occupation (See instructions)		<b>21</b> Employer (See instructions)
Date of loan	Name of lender <input type="checkbox"/> 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 <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; . . . . . City; State; Zip Code	
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 Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>1 of 6</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> Date <b>4/3/2023</b>	<b>5</b> Payee name <b>Alamo Mailing Company</b>
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<b>6</b> Amount (\$) <b>1349.10</b>	<b>7</b> Payee address; City; State; Zip Code <b>13114 Lookout Run San Antonio, TX 78233</b>
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<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>Mailer</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
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Date <b>4/5/2023</b>	Payee name <b>ActBlue</b>
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Amount (\$) <b>45.14</b>	Payee address; City; State; Zip Code <b>366 Summer St Somerville, MA 02144</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Fees</b>	Description <b>Transfer Fees</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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Date <b>4/6/2023</b>	Payee name <b>MailChimp</b>
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Amount (\$) <b>76.75</b>	Payee address; City; State; Zip Code <b>675 Ponce de Leon Ave NE Atlanta, GA 30308</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Fees</b>	Description <b>Text Services</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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**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 Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>2 of 6</b>	<b>2</b> FILER NAME <b>Mrs Teri M Castillo</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>4/10/2023</b>	<b>5</b> Payee name <b>Denise Castillo</b>	
<b>6</b> Amount (\$) <b>270.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>114 Villa Arboles San Antonio, TX 78228</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Salaries/Wages/Contract Labor</b>	<b>(b)</b> Description <b>Contract Labor</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>4/10/2023</b>	Payee name <b>TOSKR, INC DBA Getthru</b>		
Amount (\$) <b>8.32</b>	Payee address; City; State; Zip Code <b>1330 Broadway Floor 3 Oakland, CA 94612</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Fees</b>	Description <b>Text Service</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>4/11/2023</b>	Payee name <b>VANTIV eCommerce</b>		
Amount (\$) <b>55.68</b>	Payee address; City; State; Zip Code <b>900 Chelmsford St Lowell, MA 01851</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Fees</b>	Description <b>Transfer Fee</b>	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name		Office sought	Office held

**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 Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>3 of 6</b>	<b>2</b> FILER NAME <b>Mrs Teri M Castillo</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>4/17/2023</b>	<b>5</b> Payee name <b>Kathryn Bravenec</b>	
<b>6</b> Amount (\$) <b>97.45</b>	<b>7</b> Payee address; City; State; Zip Code <b>501 Shook Ave 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>Food/Beverage Expense</b>	<b>(b)</b> Description <b>Pizza and Drinks</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>4/18/2023</b>	Payee name <b>SELF BRANDED SA</b>		
Amount (\$) <b>378.00</b>	Payee address; City; State; Zip Code <b>3212 Northwestern San Antonio, TX 78238</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Printing Expense</b>	Description <b>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>4/18/2023</b>	Payee name <b>PRESTIGE PRINTING, LLC</b>		
Amount (\$) <b>606.20</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>Printing</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 Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>4 of 6</b>	<b>2</b> FILER NAME <b>Mrs Teri M Castillo</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>4/24/2023</b>	<b>5</b> Payee name <b>Hamza Sait</b>	
<b>6</b> Amount (\$) <b>300.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>5039 Hamilton Wolfe Rd San Antonio, TX 78229</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Salaries/Wages/Contract Labor</b>	<b>(b)</b> Description <b>Contract Labor</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>4/25/2023</b>	Payee name <b>PRESTIGE PRINTING, LLC</b>		
Amount (\$) <b>410.27</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>Printing</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>4/25/2023</b>	Payee name <b>Blue Star Brewing Company</b>		
Amount (\$) <b>123.29</b>	Payee address; City; State; Zip Code <b>1414 S Alamo St #105 San Antonio, TX 78210</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Food/Beverage Expense</b>	Description <b>Food</b>	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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 Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>5 of 6</b>	<b>2</b> FILER NAME <b>Mrs Teri M Castillo</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>4/25/2023</b>	<b>5</b> Payee name <b>Blue Star Brewing Company</b>	
<b>6</b> Amount (\$) <b>17.03</b>	<b>7</b> Payee address; City; State; Zip Code <b>1414 S Alamo St San Antonio, TX 78210</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Food/Beverage Expense</b>	<b>(b)</b> Description <b>Food</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
		Office held

Date <b>4/25/2023</b>	Payee name <b>Lehla Leonor Sanchez</b>		
Amount (\$) <b>225.00</b>	Payee address; City; State; Zip Code <b>522 Leigh St San Antonio, TX 78210</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Salaries/Wages/Contract Labor</b>	Description <b>Contract Labor</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>4/26/2023</b>	Payee name <b>Allison Martinez</b>		
Amount (\$) <b>300.00</b>	Payee address; City; State; Zip Code <b>4707 Wurzbach Rd San Antonio, TX 78238</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Salaries/Wages/Contract Labor</b>	Description <b>Contract Labor</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 Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>6 of 6</b>	<b>2</b> FILER NAME <b>Mrs Teri M Castillo</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>4/26/2023</b>	<b>5</b> Payee name <b>Miranda-Colgrove</b>	
<b>6</b> Amount (\$) <b>360.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>1013 S San Jacinto 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>Salaries/Wages/Contract Labor</b>	<b>(b)</b> Description <b>Contract Labor</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	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	

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	

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

# UNPAID INCURRED OBLIGATIONS

# SCHEDULE F2

### EXPENDITURE CATEGORIES FOR BOX 10(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 Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	Legal Services	Salaries/Wages/Contract Labor	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)
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<b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	<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
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<b>9</b> TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
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<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule)	<b>(b)</b> Description
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
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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	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 Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	Legal Services	Salaries/Wages/Contract Labor	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
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<b>9</b> TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
------------------------------	---

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

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

Amount (\$)	Payee address; City; State; Zip Code
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TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
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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

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

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

## SCHEDULE H

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment	Event Expense Fees Food/Beverage Expense Gifts/Awards/Memorials Expense Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
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**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)
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<b>4</b> Date	<b>5</b> Payee name
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<b>6</b> Amount (\$)	<b>7</b> Payee address; City; State; Zip Code
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<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
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<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
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<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
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# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

## SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:  
1 of 1

2 FILER NAME  
Mrs Teri M Castillo

3 Filer ID (Ethics Commission Filers)

4 Date	5 Name of person from whom amount is received	8 Amount (\$)
	..... 6 Address of person from whom amount is received; City; State; Zip Code	
	7 Purpose for which amount is received <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> Check if political contribution returned to filer	

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

**SCHEDULE T**

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

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**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