Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT # (Ethics Commission filers)

2 Total pages filed: 6

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt # Amount

Date Processed

Date Imaged

RECEIVED JAN 20 2004 CITY SECRETARY

3 CANDIDATE / OFFICEHOLDER NAME	TITLE / FIRST: JOHN / MI: E. / NICKNAME / LAST: CASTILLO / SUFFIX
4 CANDIDATE / OFFICEHOLDER ADDRESS ☐ Change of Address	ADDRESS / PO BOX: 6716 / APT / SUITE #: Fairfield / CITY: Hou / STATE: TX / ZIP CODE: 77023
5 CAMPAIGN TREASURER NAME	TITLE / FIRST: MARY / MI: L / NICKNAME / LAST: Castillo / SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): 6716 / APT / SUITE #: Fairfield / CITY: Hou / STATE: TX / ZIP CODE: 77023
7 CAMPAIGN TREASURER PHONE	AREA CODE: (713) / PHONE NUMBER: 923 / EXTENSION: 7466
8 REPORT TYPE	☒ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only) ☐ July 15 ☐ 8th day before election ☐ Exceeded $500 limit ☐ Final report (Attach C/OH - FR)
9 PERIOD COVERED	Month / Day / Year: 7/1/03 THROUGH Month / Day / Year: 12/31/03
10 ELECTION	ELECTION DATE Month / Day / Year: / NA ELECTION TYPE ☐ Primary ☐ Runoff NA ☐ General ☐ Special
11 OFFICE	OFFICE HELD (if any): FORMER City Council man 12 OFFICE SOUGHT (if known): DIST I.
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS ☐ additional pages	•• Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. •• Name: Address / PO Box: Apt. / Suite #: City: State: Zip Code

GO TO PAGE 2

Revised 05/11/2000

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME JOHN E. CASTILLO

15 ACCOUNT # (Ethics Commission filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

** This box is for notice of political expenditures 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. **

COMMITTEE TYPE	COMMITTEE NAME
☐ GENERAL	COMMITTEE ADDRESS
☐ SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
☐ additional pages	COMMITTEE CAMPAIGN TREASURER ADDRESS

17 NO REPORTABLE ACTIVITY ☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION TOTALS	1.	TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ 0
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 0
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ 0
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 4009.68
OUTSTANDING LOAN TOTALS	5.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$

19 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.

MARIA VEGA
MY COMMISSION EXPIRES
JUNE 20, 2005

John E. Castillo
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said JOHN E. CASTILLO, this the 15 day of JANUARY, 20 04, to certify which, witness my hand and seal of office.

Maria Vega	Maria Vega	Notary Public
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 4

2 FILER NAME: JOHN E. CASTILLO

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
7/14/03	TEJANO DEMOCRATS 300 E. EXPRESSWAY 83 STE G. PHARR TX. 78577	$490.00

8 Purpose of payment (See instructions regarding type of information required.): ORGANIZATION DUES

9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
7/25/03	RICHARD VARA CAMPAIGN 333 LOCKWOOD HOUSTON TX 77011.	25.00

Purpose of payment (See instructions regarding type of information required.): Contribution

** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
9/30/03	K.C. Council 4577 6320 MADDEN RD. HOUSTON TX. 77048	$ 120.00

Purpose of payment (See instructions regarding type of information required.): CHARITY EVENT

** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
9/24/03	DONERAK's Restaurant	1191.34

Purpose of payment (See instructions regarding type of information required.): BUSINESS LEADERS LUNCH

** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name | Office sought | Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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POLITICAL EXPENDITURES

SCHEDULE F

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1 Total pages Schedule F: 4

2 FILER NAME: JOHN E. CASTILLO

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/24/03	FLORENCIO SANCHEZ 222 S. 74TH Hou. TX. 77011	46.00

8 Purpose of payment (See instructions regarding type of information required.)	9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name / Office sought / Office held
Contract LABOR	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/24/03	JAIME NOYOLA. 5859 DASHWOOD HOU. TX 77081	196.00

Purpose of payment (See instructions regarding type of information required.)	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name / Office sought / Office held
Contract Labor	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/24/03	CARLOS Noyola 6100 Marnette # B12 Hou. TX 77036	198.00

Purpose of payment (See instructions regarding type of information required.)	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name / Office sought / Office held
Contract Labor	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/24/03	Candelario Valerio 634 Kress Hou. TX 77020	196.07

Purpose of payment (See instructions regarding type of information required.)	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name / Office sought / Office held
Contract Labor.	

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POLITICAL EXPENDITURES

SCHEDULE F

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1 Total pages Schedule F: 4

2 FILER NAME: JOHN E. CASTILLO

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/24/03	Lucy Alvarado 5502 Shamrock Han. TX 77017	310.67

8 Purpose of payment (See instructions regarding type of information required.): Contract Labor.

9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/24/03	Elida Munoz 6728 Ave L Han TX 77011	172.00

Purpose of payment (See instructions regarding type of information required.): Contract Labor.

** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/24/03	Aurora Alonzo 6728 Ave L. Han. TX 77011	172.00

Purpose of payment (See instructions regarding type of information required.): Contract Labor.

** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/24/03	Alfredo Saldana 11114 Muscatine Jacinto City, TX. 77029	148.00

Purpose of payment (See instructions regarding type of information required.): Contract Labor

** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name | Office sought | Office held

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POLITICAL EXPENDITURES

SCHEDULE F

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1 Total pages Schedule F: 4

2 FILER NAME: JOHN E. CASTILLO

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/24/03	Elias alvera. / 910 Redwood Han TX 77023	180.00

8 Purpose of payment (See instructions regarding type of information required.): Contract Labor

9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/24/03	alice Leija / 6602 Kernel. Han. TX 77087.	180.00

Purpose of payment (See instructions regarding type of information required.): Contract Labor.

** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/24/03	Irma Fernandez. / 5412 Starling Han. TX 77017	384.00

Purpose of payment (See instructions regarding type of information required.): Contract Labor.

** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name | Office sought | Office held

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