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: 3

OFFICE USE ONLY
Date Received
Date Hand-delivered or Postmarked
RECEIVED JUL 15 2005 CITY SECRETARY
Receipt #
Amount
Date Processed
Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME
MS / MRS / MR: MR.
FIRST: JOHN
MI: E
NICKNAME
LAST: CASTILLO
SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
☐ Change of Address
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE: 6716 FAIRFIELD HOUSTON, TX. 77023

5 CANDIDATE/ OFFICEHOLDER PHONE
AREA CODE: (713)
PHONE NUMBER: 923
EXTENSION: 7466

6 CAMPAIGN TREASURER NAME
MS / MRS / MR: MRS.
FIRST: MARY
MI: L.
NICKNAME
LAST: CASTILLO
SUFFIX

7 CAMPAIGN TREASURER ADDRESS (Residence or business)
STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE: 6716 FAIRFIELD HOUSTON, TX. 77023

8 CAMPAIGN TREASURER PHONE
AREA CODE: (713)
PHONE NUMBER: 923-7466
EXTENSION

9 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)

10 PERIOD COVERED
Month Day Year: 1/01/05 THROUGH Month Day Year: 6/30/05

11 ELECTION
ELECTION DATE Month Day Year: /NA/
ELECTION TYPE: NA.
☐ Primary ☐ Runoff ☐ General ☐ Special

12 OFFICE
OFFICE HELD (If any): FORMER CITY COUNCILMAN.
13 OFFICE SOUGHT (If known): DISTRICT I

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS
-- 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
☐ additional pages

GO TO PAGE 2

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME: JOHN CASTILLO

16 ACCOUNT # (Ethics Commission Ears)

17 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

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

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**	$ 260.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 900.58
OUTSTANDING LOAN TOTALS	6. 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.

NOTARY PUBLIC STATE OF TEXAS
RICHARD R. GOMEZ
NOTARY PUBLIC, STATE OF TEXAS
MY COMMISSION EXPIRES
APR. 17, 2009

AFFIX NOTARY STAMP / SEAL ABOVE

John E. Castillo
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said JOHN E. CASTILLO, this the 15TH day of JULY, 20 05, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Richard R Gomez
Printed name of officer administering oath

Notary Public
Title of officer administering oath

Revised 11/05/2003

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 1

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 ($)
3/31/05	HISPANIC INTERNATIONAL UNIVERSITY CROCKETT HOUSTON, TEXAS 77007	200.00

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

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 ($)
7/9/05	LULAC COUNCIL # 4703 1217 15TH ST. GALENA PARK, TX 77547	60.00

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

-- 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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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