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

3 CANDIDATE / OFFICEHOLDER NAME

TITLE | FIRST: JOHN | MI: E.
NICKNAME | LAST: CASTILLO | SUFFIX

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
6716 FAIRFIELD
HOUSTON, TX. 77023

☐ Change of Address

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); APT / SUITE #; CITY; STATE; ZIP CODE

7 CAMPAIGN TREASURER PHONE

AREA CODE: (713) | PHONE NUMBER: 923 - 7466 | EXTENSION

OFFICE USE ONLY

Date Received
RECEIVED JAN 15 2003 CITY SECRETARY
Date Hand-Delivered or Postmarked
Receipt # | Amount
Date Processed
Date Imaged

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 / 01 / 02 THROUGH Month Day Year: 12 / 31 / 02

10 ELECTION

ELECTION DATE Month Day Year: N/A
ELECTION TYPE: ☐ Primary ☐ Runoff N.A. ☐ General ☐ Special

11 OFFICE

OFFICE HELD (if any): FORMER CITY COUNCILMAN

12 OFFICE SOUGHT (if known)

13 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

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
- ☐ GENERAL
- ☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

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	$ 0.00
2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 0.00

EXPENDITURE TOTALS

3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ 0.00
4.	**TOTAL POLITICAL EXPENDITURES**	$ 2945.39

OUTSTANDING LOAN TOTALS

5.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$

19 AFFIDAVIT

ANITA SERRANO
Notary Public, State of Texas
My Commission Expires
October 26, 2003

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.

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 14TH day of JANUARY, 20 03, to certify which, witness my hand and seal of office.

Anita Serrano — Signature of officer administering oath
ANITA SERRANO — Printed name of officer administering oath
Notary — 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 ($)
7/19/02	TEJANO Center for Community Concerns 2950 BROADWAY HOUSTON, TEXAS 77017	300.00

8 Purpose of payment (See instructions regarding type of information required.): TICKETS (2) for ANNUAL DINNER

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 ($)
8/23/02	Southwest Voter Registration + EDUCATION PROJECT 403 E. COMMERCE ST SAN ANTONIO, TX. 78205	100.00

Purpose of payment (See instructions regarding type of information required.): TICKET FOR VOTER REGISTRATION DINNER

** 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 ($)
9/6/02	SAM'S CLUB STORE 11249 FUQUA HOUSTON, TX 77089	43.33

Purpose of payment (See instructions regarding type of information required.): SUPPLIES FOR AREA S DEMOCRAT OFFICE

** 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 ($)
9/6/02	U.S. POSTMASTER 8330 Manchester Houston, TX. 77012	37.00

Purpose of payment (See instructions regarding type of information required.): STAMPS FOR MAILOUT

** 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

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 ($)
9/7/02	LULAC COUNCIL #4703 1217 15TH STREET GALENA PARK, TX. 77547	60.00

8 Purpose of payment (See instructions regarding type of information required.): 10 DINNERS FOR VOLUNTEERS

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 ($)
10/3/02	RANCHO DEL VIEJO RESTAURANT 10801 A I-10 EAST FRWY HOUSTON, TX. 77029	166.55

Purpose of payment (See instructions regarding type of information required.): MEETING EXP. FOR TEJANO Democrats ANNUAL MEETING.

** 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 ($)
11/15/02	ANCHOR PRINTING 122 E. TEXAS AVE. BAYTOWN, TX. 77520	86.76

Purpose of payment (See instructions regarding type of information required.): PRINTING OF TEJANO DEMOCRAT INVITATION

** 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 ($)
10/21/02	AREA 5. DEMOCRATS 6411 BELDART HOUSTON, TX. 77087	250.00

Purpose of payment (See instructions regarding type of information required.): 2 TICKETS, JEAN WORTHAM BENEFIT DINNER

** 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 ($)
10/15/02	KNIGHTS OF COLUMBUS COUNCIL 4577 6320 MADDEN RD HOUSTON, TX. 77048	210.00

8 Purpose of payment (See instructions regarding type of information required.): BISHOP FLORES CHARITY DANCE (TABLE SPONSOR.)

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 ($)
11/26/02	RUDY TREVINO 703 OMEGA CIRCLE PASADENA, TX. 77503	840.00

Purpose of payment (See instructions regarding type of information required.): CATERING FOR RACHEL NUNEZ ROAST + TOAST DINNER

** 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 ($)
12/1/02	ELIZABETH ZERMENO 9207 SAN CARLOS HOUSTON, TX. 77013	343.98

Purpose of payment (See instructions regarding type of information required.): REIMBURSEMENT FOR OFFICE SUPPLIES.

** 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 ($)
12/16/02	OFFICE DEPOT 6888 GULF FREEWAY HOUSTON, TX. 77087	196.77

Purpose of payment (See instructions regarding type of information required.): 2002 CHRISTMAS CARDS

** 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 ($)
12/18/02	U.S. POSTMASTER 8330 MANCHESTER AVE. HOUSTON, TX. 77012	111.00

8 Purpose of payment (See instructions regarding type of information required.): STAMPS FOR CHRISTMAS CARDS

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 ($)
12/24/02	JUAN LUIS FLORES 1133 14TH ST. GALENA PARK TX. 77547	200.00

Purpose of payment (See instructions regarding type of information required.): CONTRIBUTION TO LULAC COUNCIL 4703 TOY DRIVE

** 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

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