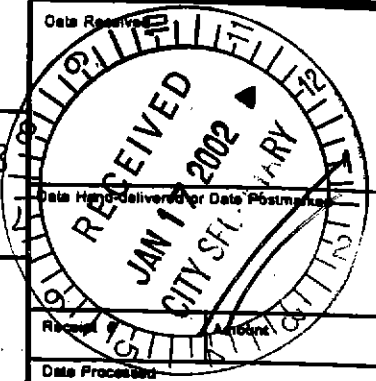


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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: 18
3 CANDIDATE / OFFICEHOLDER NAME	TITLE	FIRST JOHN	MI E.
	NICKNAME	LAST CASTILLO	SUFFIX
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX:	APT / SUITE #:	CITY: STATE: ZIP CODE
	6716 FAIRFIELD HOUSTON TX 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):	APT / SUITE #:	CITY: STATE: ZIP CODE
	6716 FAIRFIELD HOUSTON, TX. 77023		
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
(713)		923-7466	
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit
9 PERIOD COVERED	Month Day Year	THROUGH	Month Day Year
	7 / 1 / 2001		12 / 31 / 2001
10 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year / /	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known)	
13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> 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

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

JOHN E. CASTILLO

15 ACCOUNT # (Ethics Commission files)

16 SUPPORTING
POLITICAL
COMMITTEE(S)

-- This listing includes 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
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
<input type="checkbox"/> SPECIFIC	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
---	------

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
--	------

EXPENDITURE
TOTALS

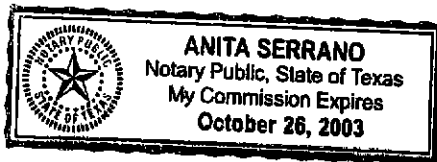
3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
--	----

4. TOTAL POLITICAL EXPENDITURES	\$ 17,458.96
---------------------------------	--------------

OUTSTANDING
LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 500.00
---	-----------

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.

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 15TH day of JANUARY, 2002, 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

POLITICAL EXPENDITURES

SCHEDULE F

The instruction Guide explains how to complete this form.		1 Total pages Schedule F: 16
2 FILER NAME JOHN E. CASTILLO		3 ACCOUNT # (Ethics Commission file)
4 Date 1/16/01	5 Payee name U.S. POSTMASTER 6 Payee address; City; State; Zip Code 401 FRANKLIN HOUSTON, TX, 77001	7 Amount (\$) \$ 102.00
8 Purpose of expenditure (See instructions regarding type of information required.) 300 STAMPS FOR NEWSLETTER		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 1/16/01	Payee name VERIZON WIRELESS Payee address; City; State; Zip Code 1720 LAKEPOINT DR. STE 100 / LEWISVILLE, TX, 75057	Amount (\$) 82.51
Purpose of expenditure (See instructions regarding type of information required.) FINAL BILL FOR PAGER (738-0034)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 1/18/01	Payee name U.S. POSTMASTER Payee address; City; State; Zip Code 401 FRANKLIN HOUSTON, TX, 77001	Amount (\$) 68.00
Purpose of expenditure (See instructions regarding type of information required.) STAMPS FOR OFFICE		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 1/19/01	Payee name EAST HARRIS COUNTY SENIOR CITIZENS Payee address; City; State; Zip Code 5002 NASA RD 1 SEABROOK, TX 77586	Amount (\$) 250.00
Purpose of expenditure (See instructions regarding type of information required.) DONATION		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: **16**

2 FILER NAME

JOHN E. CASTILLO

3 ACCOUNT # (Ethics Commission files)

4 Date

8-2-01

5 Payee name

AL FLORES CAMPAIGN

6 Payee address; City; State; Zip Code

3401 LOUISIANA, STE 270 HOUSTON, TX 77002

7 Amount (\$)

5000.00

8 Purpose of expenditure (See instructions regarding type of information required.)

CONTRIBUTION

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Date

8-4-01

Payee name

TEJANO DEMOCRATS

Payee address; City; State; Zip Code

**300 EAST EXPRESSWAY 83 STE "G"
PHARR, TX. 78577**

Amount (\$)

120.00

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

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Date

9-4-01

Payee name

ANITA SERRANO

Payee address; City; State; Zip Code

6411 BELDART HOUSTON, TX. 77087

Amount (\$)

1500.00

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

CAMPAIGN WORK

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Date

8-12-01

Payee name

MARY CASTILLO

Payee address; City; State; Zip Code

6716 FAIRFIELD HOUSTON, TX 77023

Amount (\$)

381.98

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

**REIMBURSE COSTS RELATED TO
TEJANO DEMOCRATIC CONVENTION**

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The instruction Guide explains how to complete this form.

1 Total pages Schedule F: 16

2 FILER NAME JOHN E. CASTILLO

3 ACCOUNT # (Ethics Commission filers)

4 Date <u>9-15-01</u>	5 Payee name <u>RACHEL HERNANDEZ</u>	7 Amount (\$) <u>85.00</u>
6 Payee address; City; State; Zip Code <u>114 DRENNAN HOUSTON, TX 77003</u>		

8 Purpose of expenditure (See instructions regarding type of information required.) <u>CONTRACT LABOR EARLY VOTE</u>	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
---	---

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

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

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

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

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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION Guide explains how to complete this form.		1 Total pages Schedule F: 16
2 FILER NAME JOHN E. CASTILLO		3 ACCOUNT # (Ethics Commission files)
4 Date 8-11-01	5 Payee name MARY CASTILLO 6 Payee address; City; State; Zip Code 6716 FAIRFIELD HOUSTON, TX, 77023	7 Amount (\$) 135.50
8 Purpose of expenditure (See instructions regarding type of information required.) REIMBURSEMENT FOR PAYMENT TO HOUSTON MINI STORAGE		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 9-13-01	Payee name EAST END CHAMBER OF COMMERCE Payee address; City; State; Zip Code 4600 GULF FREEWAY HOUSTON, TX 77023	Amount (\$) 125.00
Purpose of expenditure (See instructions regarding type of information required.) LUNCHEON TABLE FOR 5 PERSONS.		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 9-21-01	Payee name RACHEL HERNANDEZ Payee address; City; State; Zip Code 114 DRENNAN HOUSTON, TX 77003	Amount (\$) 135.00
Purpose of expenditure (See instructions regarding type of information required.) CONTRACT LABOR EARLY VOTE		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 9-26-01	Payee name RACHEL HERNANDEZ Payee address; City; State; Zip Code 114 DRENNAN HOUSTON, TX 77003	Amount (\$) 210.00
Purpose of expenditure (See instructions regarding type of information required.) CONTRACT LABOR EARLY VOTE		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: **16**

2 FILER NAME **JOHN E. CASTILLO**

3 ACCOUNT # (Ethics Commission files)

4 Date 10-3-01	5 Payee name RACHEL HERNANDEZ	7 Amount (\$) 120.00
6 Payee address; City; State; Zip Code 114 DRENNAN HOUSTON, TX 77003		

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

Date 10-5-01	Payee name W.C. MANAGEMENT	Amount (\$) 287.08
Payee address; City; State; Zip Code 402 West 16th St Houston, TX 77008		

Purpose of expenditure (See instructions regarding type of information required.) WALK LISTS / PHONE LISTS	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
--	---

Date 10-5-01	Payee name RACHEL HERNANDEZ	Amount (\$) 265.00
Payee address; City; State; Zip Code 114 DRENNAN HOUSTON, TX, 77003		

Purpose of expenditure (See instructions regarding type of information required.) CONTRACT LABOR - EARLY VOTE	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
---	---

Date 10-5-01	Payee name ALFREDO AVEJA	Amount (\$) 60.00
Payee address; City; State; Zip Code 8535 GLENLOCH 77061		

Purpose of expenditure (See instructions regarding type of information required.) CONTRACT LABOR	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
--	---

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The instruction Guide explains how to complete this form.

1 Total pages Schedule F: *16*

2 FILER NAME

JOHN E. CASTILLO

3 ACCOUNT # (Ethics Commission file#)

4 Date

5 Payee name

7 Amount (\$)

10-5-01

NATALY PARRA

6 Payee address; City; State; Zip Code

*8345 PARK PLACE #48
HOUSTON, TX 77017*

102.00

8 Purpose of expenditure (See instructions regarding type of information required.)

CONTRACT LABOR

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount (\$)

10-5-01

MIGUEL GAYTAN

Payee address; City; State; Zip Code

*8425 WINKLER DR. #46
HOUSTON, TX, 77017*

96.00

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

CONTRACT LABOR

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount (\$)

10-5-01

EDGAR VALDEZ

Payee address; City; State; Zip Code

ADDRESS PENDING

75.00

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

CONTRACT LABOR

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount (\$)

10-11-01

U.S. POSTMASTER

Payee address; City; State; Zip Code

UNIVERSITY STATION HOUSTON, TX 77006

68.00

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

200 Stamps for Reception INVITATION

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The instruction Guide explains how to complete this form.

1 Total pages Schedule F:

16.

2 FILER NAME

JOHN E. CASTILLO

3 ACCOUNT # (Ethics Commission files)

4 Date

10-18-01

5 Payee name

RADISSON HOTEL

6 Payee address; City; State; Zip Code

9100 GULF FREEWAY HOUSTON, TX 77017

7

Amount
(\$)

400.00

8 Purpose of expenditure (See instructions regarding type of information required.)

DEPOSIT FOR RECEPTION

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Date

10-16-01

Payee name

HOUSTON MINI STORAGE

Payee address; City; State; Zip Code

3101 TILFER HOUSTON, TX 77087

Amount
(\$)

243.50

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

STORAGE FEE

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Date

10-13-01

Payee name

CIARA NGUYEN

Payee address; City; State; Zip Code

8250 PARK PLACE # 5111
HOUSTON TX 77017Amount
(\$)

159.65

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

CONTRACT LABOR

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Date

10-13-01

Payee name

NATALY PARRA

Payee address; City; State; Zip Code

8345 PARK PLACE # 48
HOUSTON, TX 77017Amount
(\$)

61.80

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

CONTRACT LABOR

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

16

2 FILER NAME

JOHN E. CASTILLO

3 ACCOUNT # (Ethics Commission file)

4 Date

5 Payee name

7

Amount
(\$)

10-13-01

MIGUEL GAYTAN

6 Payee address; City; State; Zip Code

8425 WINKLER # 46

HOUSTON, TX 77017

41.20

8 Purpose of expenditure (See instructions regarding type of information required.)

CONTRACT LABOR

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount
(\$)

10-13-01

ISRAEL VARGAS

Payee address; City; State; Zip Code

5502 PRIMROSE

HOUSTON, TX 77017

30.90

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

CONTRACT LABOR

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount
(\$)

10/13/01

JESSE MOTTU

Payee address; City; State; Zip Code

3314 KELTON

HOUSTON, TX 77073

82.40

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

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount
(\$)

10-13-01

AMANDA HERNANDEZ

Payee address; City; State; Zip Code

ADDRESS RENDING

20.60

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

CONTRACT LABOR

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The instruction Guide explains how to complete this form.

1 Total pages Schedule F: **16**

2 FILER NAME

3 ACCOUNT # (Ethics Commission files)

4 Date 10-13-01	5 Payee name ANDREA HERNANDEZ 6 Payee address; City; State; Zip Code ADDRESS PENDING	7 Amount (\$) 56.65
---------------------------	---	-------------------------------

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

Date 10-13-01	Payee name MIGUEL LARA Payee address; City; State; Zip Code 6154 AND WOOD HOUSTON, TX 77087	Amount (\$) 51.50
-------------------------	--	-----------------------------

Purpose of expenditure (See instructions regarding type of information required.) CONTRACT LABOR	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
--	--

Date 10-13-01	Payee name ANGELA GARCIA Payee address; City; State; Zip Code 7613 AVE I HOUSTON, TX 77002	Amount (\$) 72.10
-------------------------	---	-----------------------------

Purpose of expenditure (See instructions regarding type of information required.) CONTRACT LABOR	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
--	--

Date 10-13-01	Payee name DANNY GONZALES Payee address; City; State; Zip Code ADDRESS PENDING	Amount (\$) 30.90
-------------------------	---	-----------------------------

Purpose of expenditure (See instructions regarding type of information required.) CONTRACT LABOR	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
--	--

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 16

2 FILER NAME

JOHN E. CASTILLO

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Payee name

7

Amount
(\$)

10-13-01

LORENA MEDINA

6 Payee address; City; State; Zip Code

4809 WINNETKA
HOUSTON, TX 77021

139.05

8 Purpose of expenditure (See instructions regarding type of information required.)

CONTRACT LABOR

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount
(\$)

10-13-01

FERNANDO GOMEZ

Payee address; City; State; Zip Code

12638 SANDY HOOK

30.90

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

CONTRACT LABOR

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount
(\$)

10-13-01

FRANCISCO DE LA TORRE

Payee address; City; State; Zip Code

ADDRESS PENDING

41.20

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

CONTRACT LABOR

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount
(\$)

10-13-01

DANIEL V. AGUIRRE

Payee address; City; State; Zip Code

7260 CAYTON
HOUSTON, TX 77061

66.95

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

CONTRACT LABOR

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: **16**

2 FILER NAME

JOHN E. CASTILLO

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

10-13-01

DANIEL VEGA

6 Payee address; City; State; Zip Code

**116 VELASCO
HOUSTON, TX 77003**

4,120

8 Purpose of expenditure (See instructions regarding type of information required.)

CONTRACT LABOR

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount (\$)

10-13-01

TRAM NGUYEN

Payee address; City; State; Zip Code

**8250 PARK PLACE # 5111
HOUSTON, TX, 77017**

87.55

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

CONTRACT LABOR

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount (\$)

10-18-01

RACHEL HERNANDEZ

Payee address; City; State; Zip Code

**114 DRENNAN
HOUSTON TX 77003**

75.00

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

CONTACT LABOR - EARLY VOTE

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount (\$)

10-23-01

RADISSON HOTEL

Payee address; City; State; Zip Code

**9100 GULF FREEWAY
HOUSTON, TX 77017**

789.70

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

BALANCE OF RECEPTION COSTS

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: **16**

2 FILER NAME

JOHN E. CASTILLO

3 ACCOUNT # (Ethics Commission files)

4 Date
10-23-01

5 Payee name
ANITA SERRANO

7 Amount (\$)
1500.00

6 Payee address; City; State; Zip Code
**6411 BELDART
HOUSTON TX 77087**

8 Purpose of expenditure (See instructions regarding type of information required.)
CAMPAIGN WORK.

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

Date
10-23-01

Payee name
AL FLORES CAMPAIGN

Amount (\$)
1500.00

Payee address; City; State; Zip Code
**3401 LOUISIANA SUITE 270
HOUSTON, TX 77002**

Purpose of expenditure (See instructions regarding type of information required.)
CONTRIBUTION

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

Date
10-23-01

Payee name
RACHEL HERNANDEZ

Amount (\$)
210.00

Payee address; City; State; Zip Code
**114 DRENNAN
HOUSTON, TX 77003**

Purpose of expenditure (See instructions regarding type of information required.)
CONTRACT LABOR - EARLY VOTE.

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

Date
11-7-2001

Payee name
DEANNE CASTILLO

Amount (\$)
97.41

Payee address; City; State; Zip Code
**1202 ST JOSEPH #3
HOUSTON, TX 77023**

Purpose of expenditure (See instructions regarding type of information required.)
REIMBURSE FOR EXPENSES (FLOWER BASKET)

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The instruction Guide explains how to complete this form.		1 Total pages Schedule F: 16
2 FILER NAME JOHN E. CASTILLO		3 ACCOUNT # (Ethics Commission file)
4 Date 10-17-01	5 Payee name RACHEL HERNANDEZ 6 Payee address; City; State; Zip Code 114 DRENNAN HOUSTON TX 77003	7 Amount (\$) 216.00
8 Purpose of expenditure (See instructions regarding type of information required.) CONTRACT LABOR E VOTE		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 11-30-01	Payee name PATRICK CASTILLO Payee address; City; State; Zip Code 605 HAHLO HOUSTON, TX 77020	Amount (\$) 100.00
Purpose of expenditure (See instructions regarding type of information required.) CONTRACT LABOR - GOTV		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 12-03-01	Payee name THERESA PADILLA Payee address; City; State; Zip Code 7418 ALDERSON HOUSTON, TX 77020	Amount (\$) 350.00
Purpose of expenditure (See instructions regarding type of information required.) POLL WORK - 5 PRECINCTS		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 12-3-01	Payee name RACHEL HERNANDEZ Payee address; City; State; Zip Code 114 DRENNAN HOUSTON, TX 77003	Amount (\$) 140.00
Purpose of expenditure (See instructions regarding type of information required.) POLL WORK - 2 PRECINCTS		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: 16
2 FILER NAME JOHN E. CASTILLO		3 ACCOUNT # (Ethics Commission file)
4 Date 12-03-01	5 Payee name RUFINO CASTILLO	7 Amount (\$) 70.00
6 Payee address; City; State; Zip Code 6527 AVENUE C HOUSTON, TX 77011		
8 Purpose of expenditure (See instructions regarding type of information required.) POLL WORK		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 12-03-01	Payee name TOMAS GOVEA	Amount (\$) 70.00
Payee address; City; State; Zip Code 6527 AVE C HOUSTON, TX 77011		
Purpose of expenditure (See instructions regarding type of information required.) POLL WORK		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 12-05-01	Payee name ELIZABETH ZERMENO	Amount (\$) 69.42
Payee address; City; State; Zip Code 9707 SAN CARLOS HOUSTON, TX 77013		
Purpose of expenditure (See instructions regarding type of information required.) REIMBURSE EXPENSE		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 12-11-01	Payee name HARRIS COUNTY DEMOCRATIC PARTY	Amount (\$) 1000.00
Payee address; City; State; Zip Code 2404 LA BRANCH HOUSTON, TX 77004		
Purpose of expenditure (See instructions regarding type of information required.) FILING FEE		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 16

2 FILER NAME JOHN E. CASTILLO

3 ACCOUNT # (Ethics Commission file#)

4 Date
12-11-01

5 Payee name
ELIZABETH ZERMENO
6 Payee address; City; State; Zip Code
9707 SANCARLOS
HOUSTON, TX 77013

7 Amount (\$)
28.13

8 Purpose of expenditure (See instructions regarding type of information required.)
REIMBURSEMENT FOR 2002 CALENDAR

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

Date
12-14-01

Payee name
"SANTA ON THE FIRETRUCK"
Payee address; City; State; Zip Code
10241 LANE ST
HOUSTON TX 77029

Amount (\$)
100.00

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

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

Date
12-14-01

Payee name
CITY OF HOUSTON
Payee address; City; State; Zip Code
P.O. Box 1562
Houston TX 77251

Amount (\$)
73.00

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

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

COPIES OF CAMPAIGN REPORT

Date
12-20-01

Payee name
U.S. POST MASTER
Payee address; City; State; Zip Code
401 FRANKLIN
HOUSTON, TX 77001

Amount (\$)
136.00

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

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

400 STAMPS FOR
CHRISTMAS CARDS

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: *16*

2 FILER NAME *JOHN E. CASTILLO*

3 ACCOUNT # (Ethics Commission files)

4 Date
12-28-01

5 Payee name
CITY OF HOUSTON
.....
6 Payee address; City; State; Zip Code
P.O. BOX 1562
HOUSTON, TX 77251

7 Amount (\$)
8268

8 Purpose of expenditure (See instructions regarding type of information required.)
REIMBURSE FOR PERSONAL PHONE CALLS.

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

Date

Payee name
.....
Payee address; City; State; Zip Code

Amount (\$)
--

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

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

Date

Payee name
.....
Payee address; City; State; Zip Code

Amount (\$)

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

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

Date

Payee name
.....
Payee address; City; State; Zip Code

Amount (\$)

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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED