

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. ****

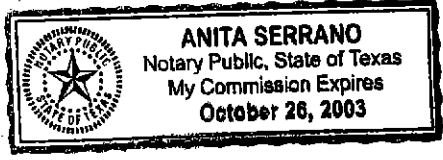
COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

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	\$ 36,125.10
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.



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 JULY, 2002, to certify which, witness my hand and seal of office.

Anita C. Serrano ANITA C. SERRANO NOTARY
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule F:
6

2 FILER NAME **JOHN E. CASTILLO** 3 ACCOUNT # (Ethics Commission filers)

4 Date 12/28/01	5 Payee name OFFICE DEPOT 6 Payee address; City; State; Zip Code 6888 GULF FREEWAY HOUSTON, TX, 77087.	7 Amount (\$) 405.92
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8 Purpose of payment (See instructions regarding type of information required.) PDA	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 1/07/02	Payee name PAUL BETTENCOURT Payee address; City; State; Zip Code 1001 PRESTON ST STE 200 HOUSTON, TX 77002.	Amount (\$) 20.00
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Purpose of payment (See instructions regarding type of information required.) COUNTY MAP	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 1/09/02	Payee name JOHN CASTILLO FOR COUNTY COMMISSIONER Payee address; City; State; Zip Code 6716 FAIRFIELD DR HOUSTON, TX 77023	Amount (\$) 500.00
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Purpose of payment (See instructions regarding type of information required.) CONTRIBUTION	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 1/14/02	Payee name BAYTOWN CHAMBER OF COMMERCE Payee address; City; State; Zip Code 1900 CLAYTON DR. CHISPANIC BAYTOWN, TX 77520 CHAMBER	Amount (\$) 24.00
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Purpose of payment (See instructions regarding type of information required.) LUNCHEON MTEG.	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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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:

6

2 FILER NAME

JOHN E. CASTILLO

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

1/15/02

SOUTHWESTERN BELL

870.00

6 Payee address; City; State; Zip Code

P.O. BOX 78339
ST. LOUIS, MO. 63178

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

TELEPHONE DEPOSIT

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

1/15/02

ANITA SERRANO

40.00

Payee address; City; State; Zip Code

6411 BELDART
HOUSTON, TX 77087

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

EXPENSE REIMBURSEMENTS

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

1/15/02

ANITA SERRANO

1000.00

Payee address; City; State; Zip Code

6411 BELDART
HOUSTON, TX 77087

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

Amount (\$)

1/15/02

RIGOBERTO RODRIGUEZ

600.00

Payee address; City; State; Zip Code

2120 SOUTH WAYSIDE DR.
HOUSTON, TX 77023

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

HQ. RENTAL

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 6
2 FILER NAME JOHN E. CASTILLO		3 ACCOUNT # (Ethics Commission file)
4 Date 1/28/02	5 Payee name OFFICE DEPOT 6 Payee address; City; State; Zip Code 6888 GULF FREEWAY, HOUSTON, TX 77087.	7 Amount (\$) 335.55
8 Purpose of payment (See instructions regarding type of information required.) FAX MACHINE		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 1/25/02	Payee name ANCHOR PRINTING Payee address; City; State; Zip Code 122 E. TEXAS AVE BAYTOWN, TX 77520	Amount (\$) 324.75
Purpose of payment (See instructions regarding type of information required.) PRINTING OF CARDS.		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 1/31/02	Payee name LATINA PAC. Payee address; City; State; Zip Code P.O. BOX 3746 HOUSTON, TX 77253-3746.	Amount (\$) 350.00
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 1/31/02	Payee name U.S. POSTMASTER Payee address; City; State; Zip Code 401 FRANKLIN AVE HOUSTON, TX 77001.	Amount (\$) 136.00
Purpose of payment (See instructions regarding type of information required.) POSTAGE STAMPS.		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

6

2 FILER NAME

JOHN E. CASTILLO

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

2/1/02

MARTHA DE LA PAZ
 Payee address; City; State; Zip Code
 7016 SAN ANGELO
 HOUSTON, TX 77020

100.00

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

DONATION

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

Date

Payee name

Amount (\$)

2/1/02

ANCHOR PRINTING
 Payee address; City; State; Zip Code
 122 E. TEXAS AVE
 BAYTOWN, TX 77520

5000.00

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

PRINT PLACARDS

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

Date

Payee name

Amount (\$)

2/05/02

U.S. POSTMASTER
 Payee address; City; State; Zip Code
 5415 LAWDALE AVE
 HOUSTON, TX 77023

68.00

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

STAMPS

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

Date

Payee name

Amount (\$)

2/06/02

JOHN CASTILLO FOR COUNTY COMMISSIONER
 Payee address; City; State; Zip Code
 6716 FAIRFIELD DR
 HOUSTON, TX 77023

10,000.00

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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

6

2 FILER NAME

JOHN E. CASTILLO

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

3/05/02

JOHN CASTILLO FOR COUNTY COMMISSIONER

6 Payee address; City; State; Zip Code

6716 FAIRFIELD DR
HOUSTON, TX 77023

4000.00

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

CONTRIBUTION

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

Date

Payee name

Amount (\$)

3/31/02

VICTOR MORALES FOR U.S. SENATE

Payee address; City; State; Zip Code

P.O. BOX 870789
MESQUITE, TX. 75187

1000.00

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

Amount (\$)

3/11/02

JOHN CASTILLO FOR COUNTY COMMISSIONER

Payee address; City; State; Zip Code

6716 FAIRFIELD DR
HOUSTON, TX 77023

7000.00

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

Amount (\$)

4/23/02

JOHN CASTILLO FOR COUNTY COMMISSIONER

Payee address; City; State; Zip Code

6716 FAIRFIELD DR
HOUSTON, TX, 77023

4000.00

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

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: 6
2 FILER NAME JOHN E. CASTILLO		3 ACCOUNT # (Ethics Commission filers)
4 Date 4/30/02	5 Payee name FLOWERS IN THE PARK	7 Amount (\$) 50.88
6 Payee address; City; State; Zip Code 1200 MCKINNEY STE 461 HOUSTON, TX 77010		
8 Purpose of payment (See instructions regarding type of information required.) FLOWERS FOR OLGA SOLIZ		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 5/16/02	Payee name LOUIS ARES.	Amount (\$) 120.00
Payee address; City; State; Zip Code c/o. 19723 POWERS COURT DR. HUMBLE, TX 77346		
Purpose of payment (See instructions regarding type of information required.) INTERNET SERVICE		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 6/10/02	Payee name HARRIS COUNTY DEMOCRATIC PARTY	Amount (\$) 150.00
Payee address; City; State; Zip Code 2404 LA BRANCH HOUSTON, TX, 77004		
Purpose of payment (See instructions regarding type of information required.) SUSTAINING MEMBERSHIP		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 6/30/02	Payee name HARRIS COUNTY DEMOCRATIC PARTY	Amount (\$) 30.00
Payee address; City; State; Zip Code 2404 LA BRANCH HOUSTON, TX 77004		
Purpose of payment (See instructions regarding type of information required.) SEN CHRIS DODD BREAKFAST		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		