# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

| The C/OH Instruction (  | Guide explains how to complete this form.  1 Filer ID (Ethics Commission Fi                        | ers) 2 Total pages filed:  |
|---|--|--|
| 3 CANDIDATE / OFFICEHOLDER                                    | MS/MRS/MR FIRST MI   | OFFICE USE ONLY  |
| NAME  | NICKNAME LAST SUFFIX   | Date Received  |
|   | "FRANK" CASTILIO   |  |
| 4 CANDIDATE /<br>OFFICEHOLDER<br>MAILING<br>ADDRESS           | ADDRESS / PO BOX: APT / SUITE #; CITY; STATE; ZIP CODE  10/3 TOPA 2 TRL LANDO TR 7804              |  |
| Change of Address   |  |  |
| 5 CANDIDATE/<br>OFFICEHOLDER<br>PHONE                         | AREA CODE PHONE NUMBER EXTENSION (957) 251. 7109   | Date Hand-delivered or Date Postmarked   |
| 6 CAMPAIGN<br>TREASURER                                       | MS/MRS/MR FIRST MI CECILIA C   | Receipt # Amount \$  |
| NAME  | NICKNAME LAST SUFFIX   | Date Processed   |
|   | LOPEZ  | Date Imaged  |
| 7 CAMPAIGN<br>TREASURER<br>ADDRESS<br>(Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE;  716 O'WAWE AMEDO TO                | 78040  |
| 8 CAMPAIGN<br>TREASURER<br>PHONE                              | AREA CODE PHONE NUMBER EXTENSION (956) 763.6706  |  |
| 9 REPORT TYPE   | January 15  30th day before election  Runoff  July 15  8th day before election  Exceeded \$500 lin | 15th day after campaign treasurer appointment (Officeholder Only)  hit Final Report (Attach C/OH - FR) |
| 10 PERIOD   | Month Day Year Mor   | oth Day Year   |
| COVERED   | 7.1.18 THROUGH 8   | 3 18   |
| 11 ELECTION   | ELECTION DATE ELECTION T   | YPE  |
|   | Month Day Year Primary Runoff Other Description  General Special                                   | on   |
| 12 OFFICE   |  | CITY COUNCIL   |
|   | DISTI  | RICT 6   |
|   | GO TO PAGE 2   |  |

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

| 14 C/OH NAME                          | NANCIS CA   | CASTILLO   | 15 Filer ID (Ethics Commission Filers)   |  |  |
|---------------------------------------|---|--|--|--|--|
| 16 NOTICE FROM POLITICAL COMMITTEE(S) | THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE 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   |  |  |  |  |
|                                       |   | COMMITTEE CAMPAIGN TREASURER NAME  |  |  |  |
| Additional Pages                      |   | COMMITTEE CAMPAIGN TREASURER ADDRESS   |  |  |  |
|                                       |   |  |  |  |  |
| 17 CONTRIBUTION<br>TOTALS             |   | POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA<br>S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ |  |  |  |
|                                       | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  \$ 3,020  |  |  |  |  |
| EXPENDITURE<br>TOTALS                 | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS.  UNLESS ITEMIZED  \$  |  |  |  |  |
|                                       | 4. TOTAL  | 4. TOTAL POLITICAL EXPENDITURES \$ 2054 =  |  |  |  |
| CONTRIBUTION<br>BALANCE               | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY S—G—   |  |  |  |  |
| OUTSTANDING<br>LOAN TOTALS            | I   | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 946   |  |  |  |
| 18 AFFIDAVIT                          | 1   |  | 1  |  |  |
|                                       |   |  | perjury, that the accompanying report is primation required to be reported by me |  |  |
|                                       |   | Signature of Cana  | didate or Officeholder   |  |  |
| AFFIX NOTARY STAMI                    | P/SEALABOVE   |  | 3. 333330.   |  |  |
|                                       |   | y the said <u>Franscisco Castillo</u> o certify which, witness my hand and seal of office.             | , this the   |  |  |
| 2015 K.                               | nould.  | Tiffany L. Franklin  | Deputy City Secretary  |  |  |
| Signature of officer a                | unimistering oath   | Printed name of officer administering oath   | Title of offiger administering oath  |  |  |

### SUBTOTALS - C/OH

### FORM C/OH COVER SHEET PG 3

| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE  1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS  2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS  3. SCHEDULE B: PLEDGED CONTRIBUTIONS  4. SCHEDULE E: LOANS  5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS  6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS  8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD  9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS  10. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS  5. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS  5. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS  5. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS  5. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS  5. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | 19 FIL | 19 FILER NAME 20 Filer ID (Ethics Co  |           |  |  |
|---|--------|---|-----------|--|--|
| 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS  3. SCHEDULE B: PLEDGED CONTRIBUTIONS  4. SCHEDULE E: LOANS  5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS  6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS  8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD  9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS  \$ 292  |        |   |           |  |  |
| 3. SCHEDULE B: PLEDGED CONTRIBUTIONS \$  4. SCHEDULE E: LOANS \$ 3,000  5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$ 1,762  6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$  7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS \$  8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$ 292  9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS \$   | 1.     | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                               | \$ 20,00  |  |  |
| 4. SCHEDULE E: LOANS \$ 3,000  5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$ 1,762  6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$  7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS \$  8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$ 292  9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS \$  | 2.     | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                 | \$        |  |  |
| 5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$ 1,762° 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$  7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS \$  8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$ 292°  9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS \$  | 3.     | SCHEDULE B: PLEDGED CONTRIBUTIONS   | \$        |  |  |
| 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS  8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD  9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS  \$ 292  | 4.     | SCHEDULE E: LOANS   | \$ 3,0000 |  |  |
| 7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS  8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD  9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS  \$ 292   | 5.     | 5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS    |           |  |  |
| 8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD  9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS  \$ 292  | 6.     | 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                 |           |  |  |
| 9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS \$   | 7.     | 7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS   |           |  |  |
|   | 8.     | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                               | \$ 292°°  |  |  |
| 10 COUEDING IN DAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF COME  | 9.     | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                 |           |  |  |
| SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$  | 10.    | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH |           |  |  |
| 11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$   | 11.    | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS    |           |  |  |
| 12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER  | 12.    |   | \$        |  |  |

### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) FRANCISCO CASTICLO 4 Date 7 Amount of contribution (\$) BARRY A ZAVAH 6 Contributor address; City: State: Zip Code A PINE TR 2461 N STATE HWY 118 79836 Full name of contributor out-of-state PAC (ID#: Date Amount of contribution (\$) Contributor address; City: State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date ut-of-state PAC (ID#: Amount of contribution (\$) Contributor address: State: Zip Code City: Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:\_\_\_ Amount of contribution (\$) Contributor address: City: State: Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

#### SCHEDULE A2

|                       | The Instruction Guide explains how to complete this form       | n.          | 1 Total pages Schedule A2:                                     |
|-----------------------|--|-------------|--|
| 2 FILER NA            | AME  |             | 3 Filer ID (Ethics Commission Filers)                          |
| 4 TOTAL               | OF UNITEMIZED IN-KIND POLITICAL CONTRI                         | BUTIONS     | \$   |
| 5 Date                | 6 Full name of contributor out-of-state PAC (ID#:              | )           | 8 Amount of 9 In-kind contribution Contribution \$ description |
|                       | 7 Contributor address; City; State: Zip Coo                    | le          | Check if travel outside of Texas. Complete Schedule 1          |
| 10 Principal o        | occupation / Job title (FOR NON-JUDICIAL) (See Instructions)   | 11 Employ   | er (FOR NON-JUDICIAL)(See Instructions)                        |
| 12 Contributo         | or's principal occupation (FOR JUDICIAL)                       | 13 Contrib  | utor's job title (FOR JUDICIAL) (See Instructions)             |
| 14 Contribute         | or's employer/law firm (FOR JUDICIAL)                          | 15 Law firm | m of contributor's spouse (if any) (FOR JUDICIAL)              |
| <b>16</b> If contribu | ntor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) |             |  |
| Date                  | Full name of contributor                                       | )           | Amount of In-kind contribution Contribution \$ description     |
|                       | Contributor address; City; State; Joip Co.                     | de          | Check if travel outside of Texas. Complete Schedule T          |
| Principal o           | occupation / Job title (FOR NON-JUDICIAL) (See Instructions)   | Employ      | er (FOR NON-JUDICIAL)(See Instructions)                        |
| Contributo            | or's principal occupation (FOR JUDICIAL)                       | Contrib     | utor's job title (FOR JUDICIAL) (See Instructions)             |
| Contributo            | or's employer/law firm (FOR JUDICIAL)                          | Law firr    | n of contributor's spouse (if any) (FOR JUDICIAL)              |
| If contribu           | tor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)  |             |  |
|                       |  |             |  |
|                       |  |             |  |
|                       |  |             |  |
|                       |  |             |  |
|                       |  |             |  |
|                       |  |             |  |
|                       | ATTACH ADDITIONAL COPIES OF T                                  |             |  |

#### PLEDGED CONTRIBUTIONS SCHEDULE B Total pages Schedule B The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED PLEDGES 5 Date 6 Full name of pledgor out-of-state PAC (ID#: Amount 9 In-kind contribution of Pledge \$ description 7 Pledgor address: City; State; Zip Code Check if travel outside of Texas. Complete Schedule T 10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions) Date Full name of pledgor Amount ut-of-state PAC (ID#: In-kind contribution of Pledge \$ description Pledgor address: City: State; Zip Code Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (See Instructions) Enhald ver (See Instructions) Date Full name of pledgor out-of-state PAC (ID#: Amount of In-kind contribution Pledge \$ description Pledgor address; State: CitV: Zip Code Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of pledgo Amount of In-kind contribution ut-of-state PAC (ID#: Pledge \$ description Pledgor address: City: State: Zip Code Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

### LOANS

#### SCHEDULE E

|  |  |   | SCHEDOLE <b>L</b>                     |
|--|--|---|---------------------------------------|
| The                                      | Instruction Guide explains how to comp | lete this form.   | 1 Total pages Schedule E:             |
| 2 FILER NAME                             | PANCISCO CASTILLO                      |   | 3 Filer ID (Ethics Commission Filers) |
| 4 TOTAL OF UI                            | NITEMIZED LOANS                        |   | \$ 3,000 00                           |
| 5 Date of loan                           | 7 Name of lender out-of-state          | PAC (ID#:)  | 9 Loan Amount (\$) 00                 |
| 6 Is lender a financial Institution?     | 15 SOUTH 20TH ST                       | State; Zip Code   | 10 Interest rate 12,340%              |
|  | BIR MINGHAM,                           | AL 35233  | 8-15-2020                             |
| 12 Principal occupati                    | on / Job title (See Instructions)      | 13 Employer (See Instructions)                                  |                                       |
| 14 Description of Coll                   | lateral                                | 15 Check if personal funds were account (See Instructions)      | deposited into political              |
| none                                     |  | account (See Instructions)                                      | NA                                    |
| 16 GUARANTOR INFORMATION                 | 17 Name of guarantor                   | -   | 19 Amount Guaranteed (\$)             |
| not applicable                           | 18 Guarantor address; City; S          | State; Zip Code   |                                       |
| 20 Principal Occupat                     | tion (See Instructions)                | 21 Employer (See Instructions)                                  |                                       |
| Date of loan                             | Name of lender out-of-state is         | PAC (ID#:)  | Loan Amount (\$)                      |
| Is lender<br>a financial<br>Institution? | Lender address; City; S                | State; Zip Code   | Interest rate                         |
| Y N                                      |  |   | Maturity date                         |
| Principal occupation                     | on / Job title (See Instructions)      | Employer (See Instructions)                                     |                                       |
| Description of Colla                     | ateral                                 | Check if personal funds were of account (See Instructions)      | deposited into political              |
| GUARANTOR<br>INFORMATION                 | Name of guarantor                      | Tanada .  | Amount Guaranteed (\$)                |
|  | Guarantor address; City; S             |   |                                       |
| not applicable                           |  |   |                                       |
| Principal Occupation                     | on (See Instructions)                  | Employer (See Instructions)                                     |                                       |
| If le                                    | ATTACH ADDITIONAL COP                  | PIES OF THIS SCHEDULE AS NE<br>truction guide for additional re |                                       |

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

| Credit Card Payment   | The Instruction Guide explains how to  | complete this form. | Other (enter a category not listed above)                                   |
|---|--|---------------------|---|
| 1 Total pages Schedule F1:  | 2 FILER NAME FRANCISCO CAS   | nco                 | 3 Filer ID (Ethics Commission Filers)                                       |
| 4 Date 7.27.18  | 5 Payee name PAUL BUITRON  |                     | <u> </u>  |
| 6 Amount (\$)   | 7 Payee address; City; State; Zip Code 220 W. HIUSIDE RD AMEDI                             | O, TERAS ?          | 8041  |
| 8 PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)  AD VEXT7SEMENT           |                     | utside of Texas. Complete Schedule T.<br>n. TX, officeholder living expense |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate / Officeholder name  | Office sought       | Office held   |
| Date 7, 21, 18<br>8,31,18 9,29,18<br>9,30,18                        | Payee name<br>FACEBOOK   |                     |   |
| 81.78 00  | Payee address; City; State; Zip Code    HACKER WAY   MENLO                                 | PARK, CALL          | FORNIA 94025  |
| PURPOSE<br>OF<br>EXPENDITURE  | Category (See Categories listed at the top of this schedule)  FACEBOOK - SOCIAL MEDIA  ADS |                     | tside of Texas. Complete Schedule T.<br>, TX, officeholder living expense   |
| Complete ONLY if direct expenditure to benefit C/OH                 | Candidate / Officeholder name  | Office sought       | Office held   |
| Date 8 16 18<br>8 31-18   | Payee name  GRAPHIX 516NS  |                     |   |
| Amount (\$)   | Payee address; City; State; Zip Code   | TR 78041            | /   |
| PURPOSE<br>OF<br>EXPENDITURE  | SIGNS & T-SHIRTS BUMPEN STICKENS   |                     | tside of Texas. Complete Schedule T.<br>. TX, officeholder living expense   |
| Complete ONLY if direct expenditure to benefit C/OH                 | Candidate / Officeholder name  | Office sought       | Office held   |
|   | ATTACH ADDITIONAL COPIES OF THIS   | SCHEDULE AS NEE     | DED   |

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

| Candidate/Officeholder/Politic<br>Credit Card Payment        | - All that do the mends expense Filling                          |   | trict<br>egory not listed above) |
|--|--|---|----------------------------------|
|  | The instruction dulide explains now to                           | complete this form.   |                                  |
| 1 Total pages Schedule F1                                    | FRANCISCO CASTIL   | 3 Filer ID (Eth   | ics Commission Filers)           |
| 4 Date 8 - 26 / 18   | 5 Payee name ACA DEM Y   |   |                                  |
| 6 Amount (\$)  | 7 Payee address; City; State; Zip Code                           |   |                                  |
| # 51.29  | 10820 INTERNATIONAL  | CAMEDO TR 780   | 45                               |
| 8  | (a) Category (See Categories listed at the top of this schedule) | (b) Description   |                                  |
| PURPOSE  |  | Check if travel outside of Texas. Complete  | e Schedule T.                    |
| OF<br>EXPENDITURE  | T-Shirts & CAPS  | Check if Austin, TX, officeholder living  |                                  |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/Oł | Candidate / Officeholder name<br>H                               | Office sought   | Office held                      |
| Date 8.3/18  | Payee name   |   |                                  |
| 9-14-18  | VISTA PRINTING   |   |                                  |
| Amount (\$)  | Payee address; City: State; Zip Code                             |   |                                  |
| \$ 59.90   | 95 HAYDON, LERINGT   | on, ma 024  | 21                               |
| PURPOSE<br>OF<br>EXPENDITURE                                 | Category (See Categories listed at the top of this schedule)     | Description  Check if travel outside of Texas. Complete  Check if Austin, TX, officeholder living |                                  |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate / Officeholder name                                    | Office sought   | Office held                      |
| Date   | Payee name   |   |                                  |
| 8.31-18  | Jerica Sports we   | M   |                                  |
| Amount (\$)  | Payee address; City; State; Zip Code                             |   |                                  |
| 8000   | 603 Flores Caredo  | TERAS 78640   |                                  |
|  | Category (See Categories listed at the top of this schedule)     | Description   |                                  |
| PURPOSE  |  | Check if travel outside of Texas. Complete S  | Schedule T.                      |
| OF   |  |   |                                  |
| EXPENDITURE  | T. shuts   | Check if Austin, TX, officeholder living  | expense                          |
|  | 1 810003   |   |                                  |
| Complete ONLY if direct                                      | Candidate / Officeholder name                                    | Office squaht   | Office hold                      |
| expenditure to benefit C/OH                                  | Sandidate / Smootholder Harrie                                   | Office sought   | Office held                      |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED          |  |   |                                  |

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wanes/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

| Contributions/Donations Made E<br>Candidate/Officeholder/Politic<br>Credit Card Payment |  | inting Expense Travel Out Of District Other (enter a category not listed above)  ow to complete this form. |  |
|---|--|--|--|
| 1 Total pages Schedule F1:  | 2 FILER NAME FRANCISCU CAS                                   | 3 Filer ID (Ethics Commission Filers)  |  |
| 4 Date 9-1-18   | 5 Payee name HIME DEPOST                                     |  |  |
| 6 Amount (\$)   | 7 Payee address; City; State; Zip C                          | ode  |  |
| \$51.76   | 57/0 SANBERNANDO   | , ANEDO, TERAS 78041   |  |
| 8   | (a) Category (See Categories listed at the top of this sched |  |  |
| PURPOSE<br>OF   | 1  | Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense   |  |
| EXPENDITURE   | Supplies   |  |  |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OF                            | Candidate / Officeholder name                                | Office sought Office held  |  |
| Date  | Payee name   | 2 1 2  |  |
| 9-4-18  |  | Rey Rey Production   |  |
| Amount (\$)   | Payee address; City: State; Zip Co                           |  |  |
| \$ 65000  | 10805 Marja Rd   | , Caredo, 12 78045   |  |
|   | Category (See Categories listed at the top of this schedule) |  |  |
| PURPOSE<br>OF<br>EXPENDITURE  | VIDEO RECURDING  | Check if ravel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense    |  |
| Complete ONLY if direct expenditure to benefit C/OH                                     | Candidate / Officeholder name                                | Office sought Office held  |  |
| Date  | Payee name   |  |  |
| 9-11-18   | STITCH & DRINT   |  |  |
| Amount (\$)   | Payee address; City; State; Zip Co                           | de   |  |
| 161,29  | 5517 MCPHERSON SU  | UTE 3, LAREDO, TR 78041  |  |
|   | Category (See Categories listed at the top of this schedul   |  |  |
| PURPOSE<br>OF<br>EXPENDITURE  | EMBROIDERY   | Check if travel outside of Texas. Complete Schedule T.  Check if Austin. TX. officeholder living expense   |  |
| Complete ONLY if direct expenditure to benefit C/OH                                     | Candidate / Officeholder name                                | Office sought Office held  |  |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED                                     |  |  |  |

#### POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

| Contributions/Donations Made B Candidate/Officeholder/Politica | By C            | -ood/Beverage Expense<br>Gift/Awards/Memorials Expe<br>.egal Services |                                   | xpense                             | Travel In District<br>Travel Out Of Distri               |                       |
|--|-----------------|---|-----------------------------------|------------------------------------|--|-----------------------|
| Credit Card Payment  | ar Committee    | The Instruction Guide   |                                   | Wages/Contract Labor               | Other (enter a categ                                     | ory not listed above) |
| 1 Total pages Schedule F1:                                     | 2 FILER NAM     | AE.   | o CASTIC                          |                                    | 3 Filer ID (Ethic  | s Commission Filers)  |
| 4 Date 9.30-18   | 5 Payee nam     |   | 3                                 |                                    | 1  |                       |
| 6 Amount (\$) # 79 95  | 7 Payee addr    | 10 SAN BEN  | ate: Zip Code<br>(NAND)<br>DO, PE | RAS 780Y1                          |  |                       |
| 8 PURPOSE  | (a) Category (S | See Categories listed at the to                                       | p of this schedule)               | (b) Description  Check if travel o | utside of Texas. Complete S                              | Schedule T.           |
| OF<br>EXPENDITURE  | EVENT           | EXPENSE   | 3                                 |                                    | n. TX, officeholder living                               |                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH          |                 | e / Officeholder name   |                                   | Office sought                      |  | Office held           |
| Date   | Payee name      |   |                                   |                                    |  |                       |
| Amount (\$)  | Payee addre     | ess; City; Sta  | te; Zip Code                      |                                    |  |                       |
| PURPOSE<br>OF<br>EXPENDITURE                                   | Category (Se    | ee Categories listed at the top                                       | of this schedule)                 |                                    | tside of Texas. Complete So. TX, officeholder living     |                       |
| Complete ONLY if direct expenditure to benefit C/OH            | Candidate       | / Officeholder name   |                                   | Office sought                      |  | Office held           |
| Date   | Payee name      |   |                                   |                                    |  |                       |
| Amount (\$)  | Payee addre     | ss; City; Stat  | e; Zip Code                       |                                    |  |                       |
| PURPOSE<br>OF<br>EXPENDITURE                                   | Category (Se    | e Categories listed at the top  | of this schedule)                 |                                    | side of Texas. Complete Sci<br>TX, officeholder living e |                       |
| Complete ONLY if direct expenditure to benefit C/OH            | Candidate       | Officeholder name   | 1                                 | Office sought                      |  | Office held           |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED            |                 |   |                                   |                                    |  |                       |

#### **UNPAID INCURRED OBLIGATIONS**

#### SCHEDULE F2

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F2: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ 5 Date 6 Payee name 7 Amount (\$) 8 Payee address: City: State: Zip Code 9 TYPE OF Political Non-F olitical **EXPENDITURE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF **EXPENDITURE** Check if Austin, TX, officeholder living expense 11 Complete ONLY if direct Candidate / Officeholder name ffice sought Office held expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State; Zip Code TYPE OF Non-Political **o**litical **EXPENDITURE** Description Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin. TX, officeholder living expense **EXPENDITURE** Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F3

| TI           | ne Instruction Guide explains how to complete this form.   | 1 Total pages Schedule F3:            |
|--------------|--|---------------------------------------|
| 2 FILER NAME |  | 3 Filer ID (Ethics Commission Filers) |
| 4 Date       | 5 Name of person from whom investment is purchased         |                                       |
|              | 6 Address of person from whom investment is purchased; Cit | y; State: Zip Code                    |
|              | 7 Description of investment                                |                                       |
|              | 8 Amount of investment (\$)                                |                                       |
| Date         | Name of person from whom investment is purchased           |                                       |
|              | Address of person from whom investment is purchased: City  | ν; State; Zip Code                    |
|              | Description of investment                                  |                                       |
|              | Amount of investment (\$)                                  |                                       |
|              |  |                                       |
|              |  |                                       |
|              |  |                                       |
|              | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE                  | AS NEEDED                             |

#### **EXPENDITURES MADE BY CREDIT CARD**

#### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

| Contributions/Donations Made B<br>Candidate/Officeholder/Politica |  |  |
|---|--|--|
|   | The Instruction Guide explains how to compl                      | lete this form.  |
| 1 Total pages Schedule F4:  | 2 FILER NAME<br>FRANCISCO CASTICLO                               | 3 Filer ID (Ethics Commission Filers)  |
| 4 TOTAL OF UNITEM   | IZED EXPENDITURES CHARGED TO A CRED                              | IT CARD \$   |
| 5 Date<br>7-4. 18   | 6 Payee name  STITCH & PUNT                                      | 1  |
| <b>7</b> Amount (\$)  | 8 Payee address; City; State; Zip Code                           |  |
| \$ 27.06  | 5517 MCPHERSON RD LAN  | LEDO, TERAS 78041  |
| 9 TYPE OF<br>EXPENDITURE  | Political Non-Politica   | I  |
| 10  | (a) Category (See Categories listed at the top of this schedule) | (b) Description  |
| PURPOSE<br>OF<br>EXPENDITURE                                      | LOGO EXPENSES  | Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense |
| 11 Complete ONLY if direct expenditure to benefit C/Oh            |  | sought Office held   |
| Date 8 . 5 · 18   | Payee name  LO WE'n  |  |
| Amount (\$)   | Payee address; City; State; Zip Code                             |  |
| \$ 8.31   | 6623 SANDANIO, CANE  | DO, TEXAS 78041  |
| TYPE OF EXPENDITURE   | Political Non-Politica   | ıl   |
|   | Category (See Categories listed at the top of this schedule)     | Description  |
| PURPOSE<br>OF<br>EXPENDITURE                                      | 516N' BRACKETS   | Check if Iravel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH               |  | sought Office held   |
|   |  |  |
|   |  |  |
|   |  |  |
|   | ATTACH ADDITIONAL COPIES OF THIS SCHE                            | DULE AS NEEDED   |

#### **EXPENDITURES MADE BY CREDIT CARD**

#### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

| Candidate/Officeholder/Politica                        | al Committee Legal Services Salaries/Wages.  The Instruction Guide explains how to compl | , , , , , , , , , , , , , , , , , , ,   |
|--|--|---|
| 1 Total pages Schedule F4:                             | 2 FILER NAME FRANCISCO CASTIL  | 3 Filer ID (Ethics Commission Filers)   |
| 4 TOTAL OF UNITEM                                      | IZED EXPENDITURES CHARGED TO A CRED  | IT CARD \$  |
| 5 Date 8 10 18   | 6 Payee name (AAD)0 MORNING TI   | nts   |
| 7 Amount (\$)  | 8 Payee address; City; State; Zip Code   |   |
| \$ 12500   | P.O, BOX 2129 (AMEDO, 7  | ERAS 78041  |
| 9 TYPE OF<br>EXPENDITURE                               | Political Non-Political  |   |
| 10   | (a) Category (See Categories listed at the top of this schedule)                         | (b) Description   |
| PURPOSE<br>OF<br>EXPENDITURE                           | ADVENTISEMENT  | Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX. officeholder living expense              |
| 11 Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name Office   | sought Office held  |
| Date 8 21-18   | Payee name $\mathcal{W}/\mathcal{X}$ , $\mathcal{QOM}$                                   |   |
| Amount (\$)  | Payee address; City: State: Zip Code   |   |
| 132,00   | P.O.BOX 40190, SANG  | RANCISCO, CA 94158-2230   |
| TYPE OF<br>EXPENDITURE                                 | Political Non-Political  |   |
| PURPOSE<br>OF<br>EXPENDITURE                           | Category (See Categories listed at the top of this schedule)  WEBS ME COLEMN TOW         | Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH    | Candidate / Officeholder name Office s   | sought Office held  |
|  | ATTACH ADDITIONAL COPIES OF THIS SCHEI   | DULE AS NEEDED  |

## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarias/Wagasy/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

| Contributions/Donations Made<br>Candidate/Officeholder/Politi<br>Credit Card Payment |   |
|--|---|
| Total pages Schedule G:  |   |
| Date   | 5 Payee name  |
| Amount (\$)  | 7 Payee address: City; State; Zip Code  |
| Reimbursement from political contributions intended                                  |   |
| PURPOSE<br>OF<br>EXPENDITURE   | (a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/C                                   | Candidate / Officeholder name  Office sought  Office held   |
| Date   | Payee name  |
| Amount (\$)  | Payee address; City: State: Zip Code  |
| Reimbursement from political contributions intended                                  |   |
| PURPOSE<br>OF<br>EXPENDITURE   | Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin. TX. officeholder living expense     |
| Complete ONLY if direct expenditure to benefit C/O                                   | Candidate / Officeholder name Office sought Office held   |
| Date   | Payee name  |
| Amount (\$)  | Payee address; City; State: Zip Code  |
| Reimbursement from political contributions intended                                  |   |
| PURPOSE<br>OF<br>EXPENDITURE   | Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense     |
| Complete ONLY if direct expenditure to benefit C/C                                   | Candidate / Officeholder name Office sought Office held OH  |
|  | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED   |

## PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

#### SCHEDULE H

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

| Gredit Card Payment                                       | The Instruction Guide explains how to complete this form.     |                         |   |  |  |
|---|---|-------------------------|---|--|--|
| 1 Total pages Schedule H:                                 | 2 FILER NAME  |                         | 3 Filer ID (Ethics Commission Filers)                           |  |  |
| 4 Date  | 5 Business name   |                         | 1   |  |  |
| 6 Amount (\$)   | 7 Business address; City; State; Zip Co                       | ode                     |   |  |  |
| 8 PURPOSE OF EXPENDITURE                                  | (a) Category (See Categories listed at the top of this schedu | Check if travel outside | of Texas. Complete Schedule T.<br>, officeholder living expense |  |  |
| 9 Complete ONLY if direct expenditure to benefit C/O      | Candidate / Officeholder name<br>H                            | Office sought           | Office held   |  |  |
| Date  | Business name   |                         |   |  |  |
| Amount (\$)   | Business address: City; State; Zip G                          |                         |   |  |  |
| PURPOSE<br>OF<br>EXPENDITURE                              | Category (See Categories listed at the top of this separate   | Check if travel outside | of Texas. Complete Schedule T. officeholder living expense      |  |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate / Officeholder name                                 | Office sought           | Office held   |  |  |
| Date  | Business name   |                         |   |  |  |
| Amount (\$)   | Business address: City; State; Zip Co                         | ode                     |   |  |  |
| PURPOSE<br>OF<br>EXPENDITURE                              | Category (See Categories listed at the top of this schedul    | Check if travel outside | of Texas. Complete Schedule T.<br>officeholder living expense   |  |  |
| Complete ONLY if direct expenditure to benefit C/Oh       | Candidate / Officeholder name                                 | Office sought           | Office held   |  |  |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED       |   |                         |   |  |  |

## NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE I

| The Instruction Guide explains how to complete this form. |  |  |  |  |  |
|---|--|--|--|--|--|
| 1 Total pages Schedule I:                                 | 2 FILER NAME   | 3 Filer ID (Ethics Commission Filers)                                      |  |  |  |
| 4 Date  | 5 Payee name   | 1  |  |  |  |
| 6 Amount (\$)   | 7 Payee address; City; State; Zip Code                                 |  |  |  |  |
| 8 PURPOSE OF EXPENDITURE                                  | (a) Category (See instructions for examples of acceptable categories.) | (b) Description (See instructions regarding type of information required.) |  |  |  |
| Date  | Payee name   |  |  |  |  |
| Amount (\$)   | Payee address: City; State; Zip Code                                   |  |  |  |  |
| PURPOSE<br>OF<br>EXPENDITURE                              | Category (See instructions for examples of acceptable categories.)     | Description (See instructions regarding type of information required.)     |  |  |  |
| Date  | Payee name   |  |  |  |  |
| Amount (\$)   | Payee address; City; State: Zin Code                                   |  |  |  |  |
| PURPOSE<br>OF<br>EXPENDITURE                              | Category (See instructions for examples of acceptable categories.)     | Description (See instructions regarding type of information required.)     |  |  |  |
| Date  | Payee name   |  |  |  |  |
| Amount (\$)   | Payee address: City: State: Zip Code                                   |  |  |  |  |
| PURPOSE<br>OF<br>EXPENDITURE                              | Category (See instructions for examples of acceptable categories.)     | Description (See instructions regarding type of information required.)     |  |  |  |
|   | ATTACH ADDITIONAL COPIES OF THIS S                                     | SCHEDULE AS NEEDED   |  |  |  |

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

#### SCHEDULE K

| The Instruction Guide explains how to complete this form.  1 Total pages Sche |  |                        | edule K:             |  |  |
|---|--|------------------------|----------------------|--|--|
| 2 FILER NAME 3 Filer ID (Ethic  |  |                        | s Commission Filers) |  |  |
| 4 Date  | 5 Name of person from whom amount is received                  | <u> </u>               | 8 Amount (\$)        |  |  |
|   | 6 Address of person from whom amount is received; City; State; | Zip Code               |                      |  |  |
|   | 7 Purpose for which amount is received Check if                | political contribution | returned to filer    |  |  |
| Date  | Name of person from whom amount is received                    |                        | Amount (\$)          |  |  |
|   | Address of person from whom amount is received; City; State    |                        |                      |  |  |
|   | Purpose for which amount is received Check if                  | political contribution | returned to filer    |  |  |
| Date  | Name of person from whom amount is received                    |                        | Amount (\$)          |  |  |
|   | Address of person from whom amount is received; City; State;   | Zip Code               |                      |  |  |
|   | Purpose for which amount is received Check if                  | political contribution | returned to filer    |  |  |
| Date  | Name of person from whom amount is received                    |                        | Amount (\$)          |  |  |
|   | Address of person from whom amount is received; City: State:   | Zip Code               |                      |  |  |
|   | Purpose for which amount is received Check if p                | political contribution | returned to filer    |  |  |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED                           |  |                        |                      |  |  |
|   |  |                        |                      |  |  |