

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 Filers)	2 Total pages filed: 22			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Chris	MI 	OFFICE USE ONLY Date Received 04-04-19P03:31 RCVD Date Hand-delivered or Date Postmarked April 4, 2019		
	NICKNAME	LAST Castro	SUFFIX			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; 626 Freiling	APT / SUITE #;	CITY; STATE; ZIP CODE San Antonio, TX 78213			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (210)	PHONE NUMBER 365-0926	EXTENSION			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.	FIRST Rachel	MI 	Receipt #		
	NICKNAME	LAST Ponce	SUFFIX	Amount \$		
	Date Processed					
Date Imaged						
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;		CITY; STATE; ZIP CODE			
	1607 W. Mariposa Dr.		San Antonio, TX 78201			
8 CAMPAIGN TREASURER PHONE	AREA CODE (210)	PHONE NUMBER 241-6126	EXTENSION			
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)					
10 PERIOD COVERED	Month	Day	Year	Month	Day	Year
	01	01	2019	03	25	2019
11 ELECTION		ELECTION DATE		ELECTION TYPE		
		Month	Day	Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description	
		05	04	2019	<input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) N/A		13 OFFICE SOUGHT (if known) San Antonio ISD School Board of Trustees SMD 6			

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME **Chris Castro**

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

N/A

SPECIFIC

COMMITTEE ADDRESS

N/A

COMMITTEE CAMPAIGN TREASURER NAME

N/A

COMMITTEE CAMPAIGN TREASURER ADDRESS

N/A

Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 3211.83

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

\$ 5838.12

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 293.06

4. TOTAL POLITICAL EXPENDITURES

\$ 5929.60

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

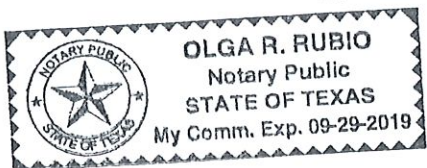
\$ 3036.74

OUTSTANDING
LOAN TOTALS

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

\$ 0

18 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.

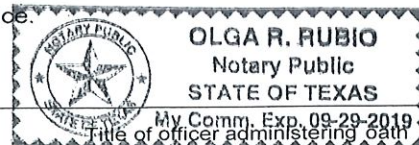
Christopher Castro
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Christopher Castro, this the 4 day of April, 2019, to certify which, witness my hand and seal of office.

Olga R Rubio
Signature of officer administering oath

Olga R Rubio
Printed name of officer administering oath



SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME

Chris Castro

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2400.00
2.	<input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 226.29
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 5342.31
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 294.23
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **8**

2 FILER NAME **Chris Castro**

3 Filer ID (Ethics Commission Filers)

4 Date
1/1/19

5 Full name of contributor out-of-state PAC (ID#: _____)
Debbie Vargas

7 Amount of contribution (\$)
\$100.00

6 Contributor address; City; State; Zip Code
6060 W. Commerce #611 San Antonio, TX 78237

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
1/9/19

Full name of contributor out-of-state PAC (ID#: _____)
David Garza

Amount of contribution (\$)
\$50.00

Contributor address; City; State; Zip Code
439 W. Gramercy Pl. San Antonio, TX 78212

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
1/12/19

Full name of contributor out-of-state PAC (ID#: _____)
Andrew Fabian

Amount of contribution (\$)
\$50.00

Contributor address; City; State; Zip Code
506 W. Mariposa Dr. San Antonio, TX 78212

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
1/13/19

Full name of contributor out-of-state PAC (ID#: _____)
Margaret Mireles

Amount of contribution (\$)
\$200.00

Contributor address; City; State; Zip Code
329 Mary Louise Dr. San Antonio, TX 78201

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **8**

2 FILER NAME **Chris Castro**

3 Filer ID (Ethics Commission Filers)

4 Date
1/15/19

5 Full name of contributor out-of-state PAC (ID#: _____)
Dr. Jacob Torres

7 Amount of contribution (\$)

\$100.00

6 Contributor address; City; State; Zip Code
306 E. Myrtle San Antonio, TX 78212

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
1/19/19

Full name of contributor out-of-state PAC (ID#: _____)
Paul Najito

Amount of contribution (\$)

\$25.00

Contributor address; City; State; Zip Code
10407 Country Bluff San Antonio, TX 78240

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
1/19/19

Full name of contributor out-of-state PAC (ID#: _____)
Philip DeLaPeña

Amount of contribution (\$)

\$20.00

Contributor address; City; State; Zip Code
11843 Braesview #112 San Antonio, TX 78213

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
1/19/19

Full name of contributor out-of-state PAC (ID#: _____)
Rachel Ponce

Amount of contribution (\$)

\$25.00

Contributor address; City; State; Zip Code
1607 W. Mariposa Dr. San Antonio, TX 78201

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 8
2 FILER NAME Chris Castro		3 Filer ID (Ethics Commission Filers)
4 Date 1/19/19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thelma Gonzalez <hr style="border-top: 1px dotted black;"/> 6 Contributor address; City; State; Zip Code 6012 Trone Trail San Antonio, TX 78238	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/19/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rhea "Trace" Mahbubani <hr style="border-top: 1px dotted black;"/> Contributor address; City; State; Zip Code 1607 Poets Corner San Antonio, TX 78232	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/24/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Irma Pritchard <hr style="border-top: 1px dotted black;"/> Contributor address; City; State; Zip Code 7723 Triple Branch Dr. San Antonio, TX 78263	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/27/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dr. Edward Garcia <hr style="border-top: 1px dotted black;"/> Contributor address; City; State; Zip Code 5814 Bellaire Pt. San Antonio, TX 78249	Amount of contribution (\$) \$50.00
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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **8**

2 FILER NAME **Chris Castro**

3 Filer ID (Ethics Commission Filers)

4 Date
1/27/19

5 Full name of contributor out-of-state PAC (ID#: _____)
Dr. Encarnacion Garza

7 Amount of contribution (\$)
\$150.00

6 Contributor address; City; State; Zip Code
412 Queen Anne Ct. San Antonio, TX 78209

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
1/28/19

Full name of contributor out-of-state PAC (ID#: _____)
Dr. Philip Cortez

Amount of contribution (\$)
\$250.00

Contributor address; City; State; Zip Code
7919 Liberty Island San Antonio, TX 78227

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
1/31/19

Full name of contributor out-of-state PAC (ID#: _____)
Albert Guerra and Joel Bazan

Amount of contribution (\$)
\$50.00

Contributor address; City; State; Zip Code
8011 Misty Park San Antonio, TX 78250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
2/15/19

Full name of contributor out-of-state PAC (ID#: _____)
Sylvia DeLaPeña

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
15719 Thrush Gate Ln San Antonio, TX 78248

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **8**

2 FILER NAME **Chris Castro**

3 Filer ID (Ethics Commission Filers)

4 Date
2/16/19

5 Full name of contributor out-of-state PAC (ID#: _____)
Charles Muñoz

7 Amount of contribution (\$)
\$250.00

6 Contributor address; City; State; Zip Code
222 Inspiration Dr. San Antonio, TX 78228

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
2/19/19

Full name of contributor out-of-state PAC (ID#: _____)
Brenda Bernal

Amount of contribution (\$)
\$50.00

Contributor address; City; State; Zip Code
119 Juniper St. San Antonio, TX 78223

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
2/19/19

Full name of contributor out-of-state PAC (ID#: _____)
Lydia Lorenzi

Amount of contribution (\$)
\$15.00

Contributor address; City; State; Zip Code
3401 Jamaica Dr. Corpus Christi, TX 78418

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
2/20/19

Full name of contributor out-of-state PAC (ID#: _____)
Juan Contreras

Amount of contribution (\$)
\$20.00

Contributor address; City; State; Zip Code
7126 Westville Dr. San Antonio, TX 78227

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **8**

2 FILER NAME **Chris Castro**

3 Filer ID (Ethics Commission Filers)

4 Date
2/21/19

5 Full name of contributor out-of-state PAC (ID#: _____)
Anita Chavera

7 Amount of contribution (\$)
\$50.00

6 Contributor address; City; State; Zip Code
8510 Heath Circle Dr. San Antonio, TX 78250

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
2/23/19

Full name of contributor out-of-state PAC (ID#: _____)
Ruben Garcia

Amount of contribution (\$)
\$25.00

Contributor address; City; State; Zip Code
8220 Midway Depot San Antonio, TX 78255

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3/1/19

Full name of contributor out-of-state PAC (ID#: _____)
Nancy York

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
207 Clearview Dr. San Antonio, TX 78228

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3/1/19

Full name of contributor out-of-state PAC (ID#: _____)
Rachel Martinez

Amount of contribution (\$)
\$25.00

Contributor address; City; State; Zip Code
229 Windcrest Dr. San Antonio, TX 78239

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **8**

2 FILER NAME **Chris Castro**

3 Filer ID (Ethics Commission Filers)

4 Date
3/1/19

5 Full name of contributor out-of-state PAC (ID#: _____)
Jesus Villela

7 Amount of contribution (\$)
\$50.00

6 Contributor address; City; State; Zip Code
6866 Crested Quail San Antonio, TX 78250

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
3/1/19

Full name of contributor out-of-state PAC (ID#: _____)
Ernest and Sandra Salinas

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
175 Dalehurst Dr. San Antonio, TX 78201

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3/1/19

Full name of contributor out-of-state PAC (ID#: _____)
Adelfa Reyna

Amount of contribution (\$)
\$80.00

Contributor address; City; State; Zip Code
655 Freiling San Antonio, TX 78213

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3/1/19

Full name of contributor out-of-state PAC (ID#: _____)
Rachel Ponce

Amount of contribution (\$)
\$15.00

Contributor address; City; State; Zip Code
1607 W. Mariposa Dr. San Antonio, TX 78201

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **8**

2 FILER NAME **Chris Castro**

3 Filer ID (Ethics Commission Filers)

4 Date
3/1/19

5 Full name of contributor out-of-state PAC (ID#: _____)

Sofia Vittonett

7 Amount of contribution (\$)

\$100.00

6 Contributor address; City; State; Zip Code
226 Laurelwood San Antonio, TX 78213

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
3/20/19

Full name of contributor out-of-state PAC (ID#: _____)

Orlando and Linda Vera

Amount of contribution (\$)

\$75.00

Contributor address; City; State; Zip Code

11022 Wilson Oaks San Antonio, TX 78249

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3/24/19

Full name of contributor out-of-state PAC (ID#: _____)

Juan Rocha

Amount of contribution (\$)

\$25.00

Contributor address; City; State; Zip Code

217 Regal Oaks Dr. Live Oak, TX 78233

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.		1 Total pages Schedule A2: 3	
2 FILER NAME Chris Castro		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 226.29	
5 Date 2/27/19	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lorna L. Klokkenga	8 Amount of Contribution \$ \$56.29	9 In-kind contribution description Food for event
7 Contributor address; City; State; Zip Code 260 Hermine San Antonio, TX 78212		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 3/1/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard and Gracie Arcos	Amount of Contribution \$ \$70.00	In-kind contribution description Food for event
Contributor address; City; State; Zip Code 515 N. Mesquite St. San Antonio, TX 78202		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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.		1 Total pages Schedule A2: 3	
2 FILER NAME Chris Castro		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 226.29	
5 Date 3/1/19	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brenda Stahl	8 Amount of Contribution \$ \$25.00	9 In-kind contribution description Food for event
7 Contributor address; City; State; Zip Code 150 E. Vestal Pl. San Antonio, TX 78221		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 3/1/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sylvia G. Castro	Amount of Contribution \$ \$50.00	In-kind contribution description Food for event
Contributor address; City; State; Zip Code 230 Sunnyland Dr. San Antonio, TX 78228		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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.		1 Total pages Schedule A2: 3	
2 FILER NAME Chris Castro		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 226.29	
5 Date 3/1/19	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adriana Chapa	8 Amount of Contribution \$ \$25.00	9 In-kind contribution description Supplies for event
7 Contributor address; City; State; Zip Code 9822 Potranco Rd. San Antonio, TX 78251		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
			<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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
Credit Card Payment

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 8		2 FILER NAME Chris Castro		3 Filer ID (Ethics Commission Filers)	
4 Date 1/3/19		5 Payee name WIX.COM LTD.			
6 Amount (\$) \$84.00		7 Payee address; City; State; Zip Code 2601 Mission St. San Francisco, CA 94110			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) advertising expense/website		(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 1/6/19		Payee name Vistaprint			
Amount (\$) \$73.57		Payee address; City; State; Zip Code 95 Hayden Ave. Lexington, MA 02421			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) advertising expense/supplies		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 1/11/19		Payee name Lone Star Media			
Amount (\$) \$2706.25		Payee address; City; State; Zip Code 1011 N. Frio St. San Antonio, TX 78207			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) advertising expense/signs		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 8	2 FILER NAME Chris Castro	3 Filer ID (Ethics Commission Filers)
4 Date 1/12/19	5 Payee name Lowe's	
6 Amount (\$) \$134.28	7 Payee address; City; State; Zip Code 7901 Callaghan Rd. San Antonio, TX 78229	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) advertising expense/supplies	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 1/17/19	Candidate / Officeholder name Sam's Club	
Amount (\$) \$167.92	Office sought San Antonio, TX 78229	
Office held	Candidate / Officeholder name Sam's Club	
Date 1/19/19	Payee name HEB #5	
Amount (\$) \$53.78	Payee address; City; State; Zip Code 2118 Fredericksburg Rd. San Antonio, TX 78201	
Office held	Candidate / Officeholder name HEB #5	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) event expense/supplies	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 1/19/19	Candidate / Officeholder name HEB #5	
Amount (\$) \$53.78	Office sought San Antonio, TX 78201	
Office held	Candidate / Officeholder name HEB #5	
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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
Credit Card Payment

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 8	2 FILER NAME Chris Castro	3 Filer ID (Ethics Commission Filers)
4 Date 1/19/19	5 Payee name Reginaldo Sanchez	
6 Amount (\$) \$80.00	7 Payee address; City; State; Zip Code 3214 Capitol Ave. San Antonio, TX 78201	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) event expense/chairs	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 2/13/19	Candidate / Officeholder name E-Z Drive Stakes	
Amount (\$) \$146.35	Office sought San Antonio, TX 78207	
Office held		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising expense/supplies	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 2/18/19	Candidate / Officeholder name One Hour Business Cards	
Amount (\$) \$133.96	Office sought San Antonio, TX 78201	
Office held		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising expense/supplies	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name One Hour Business Cards		
Office sought San Antonio, TX 78201		
Office held		

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 8	2 FILER NAME Chris Castro	3 Filer ID (Ethics Commission Filers)
4 Date 2/18/19	5 Payee name Office Depot	
6 Amount (\$) \$248.45	7 Payee address; City; State; Zip Code 150 N. Crossroads Balcones Heights, TX 78201	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) advertising expense/supplies	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 2/28/19	Candidate / Officeholder name Office sought Office held	
Payee name Sam's Club		
Amount (\$) \$132.19	Payee address; City; State; Zip Code 5055 NW Loop 410 San Antonio, TX 78229	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising expense/supplies	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 2/28/19	Candidate / Officeholder name Office sought Office held	
Payee name Porter Poultry		
Amount (\$) \$140.73	Payee address; City; State; Zip Code 5475 US Hwy 90 San Antonio, TX 78227	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) food/beverage expense-fundraiser	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 8	2 FILER NAME Chris Castro	3 Filer ID (Ethics Commission Filers)
4 Date 3/1/19	5 Payee name Kiobassa Sausage	
6 Amount (\$) \$281.40	7 Payee address; City; State; Zip Code 1325 S. Brazos St. San Antonio, TX 78207	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) food/beverage expense-fundraiser	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3/4/19	Payee name Election Support Services	
Amount (\$) \$125.94	Payee address; City; State; Zip Code 2611 Rompel Pass San Antonio, TX 78232	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) consulting expense/walklists	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3/6/19	Payee name Fed Ex Office	
Amount (\$) \$65.36	Payee address; City; State; Zip Code 11745 IH-10W#780 San Antonio, TX 78230	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising expense/supplies	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> 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
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 8	2 FILER NAME Chris Castro	3 Filer ID (Ethics Commission Filers)
4 Date 3/9/19	5 Payee name La Botana Mexican Grill	
6 Amount (\$) \$68.39	7 Payee address; City; State; Zip Code 1401 W. Hildebrand Ave. San Antonio, TX 78201	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) food/beverage expense-volunteer meeting	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 3/14/19	Candidate / Officeholder name Office Depot	
Amount (\$) \$175.98	City; State; Zip Code 150 N. Crossroads Balcones Heights, TX 78201	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising expense/supplies	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 3/14/19	Candidate / Officeholder name US Post Office	
Amount (\$) \$110.00	City; State; Zip Code 1064 Vance Jackson San Antonio, TX 78201	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising expense/postage	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
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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
Credit Card Payment

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 8	2 FILER NAME Chris Castro	3 Filer ID (Ethics Commission Filers)
4 Date 3/17/19	5 Payee name Fed Ex Office	
6 Amount (\$) \$56.53	7 Payee address; City; State; Zip Code 11745 IH-10W #780 San Antonio, TX 78230	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) advertising expense-supplies	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 3/19/19	Payee name One Hour Business Cards	
Amount (\$) \$357.23	Payee address; City; State; Zip Code 1128 W. Hildebrand Ave. San Antonio, TX 78201	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising expense/supplies	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 sought Office held	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	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 sought Office held	

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1	2 FILER NAME Chris Castro	3 Filer ID (Ethics Commission Filers)
4 Date 1/15/19	5 Payee name La Luz Marketing and Printing	
6 Amount (\$) \$294.23 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 903 E. Nakoma Ste. 105 San Antonio, TX 78216	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) printing expense/pushcards	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
<input type="checkbox"/> Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
<input type="checkbox"/> Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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