

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: 14	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Chris	MI	OFFICE USE ONLY Date Received 04-25-19 P04:34 RCVD Date Hand-delivered or Date Postmarked 4/25/19 Receipt # Amount \$ Date Processed 4/25/19 Date Imaged
	NICKNAME	LAST Castro	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; 626 Freiling	APT / SUITE #;	CITY; STATE; ZIP CODE San Antonio, TX 78213	
<input type="checkbox"/> Change of Address				
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (210)	PHONE NUMBER 365-0926	EXTENSION	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.	FIRST Rachel	MI	
	NICKNAME	LAST Ponce	SUFFIX	
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 1607 W. Mariposa Dr.		CITY; STATE; ZIP CODE 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 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 checked="" 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 03 / 26 / 2019		Month Day Year 04 / 24 / 2019	
11 ELECTION	ELECTION DATE Month Day Year 05 / 04 / 2019		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <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)

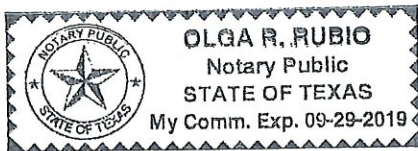
16 NOTICE FROM POLITICAL COMMITTEE(S)

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.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
		N/A
	COMMITTEE ADDRESS	N/A
	COMMITTEE CAMPAIGN TREASURER NAME	N/A
	COMMITTEE CAMPAIGN TREASURER ADDRESS	N/A

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 1881.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4356.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 109.80
	4. TOTAL POLITICAL EXPENDITURES	\$ 2679.33
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4703.41
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

[Handwritten Signature]

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Christopher Castro, this the 25 day of April, 20 19, to certify which, witness my hand and seal of office.

[Handwritten Signature]

Signature of officer administering oath

Olga R Rubio

Printed name of officer administering oath

Notary

Title 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	\$ 2425.00
2.	<input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 50.00
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	\$ 2511.53
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	\$ 58.00
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: 5
2 FILER NAME Chris Castro		3 Filer ID (Ethics Commission Filers)
4 Date 4/3/19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Manuel Herrera 6 Contributor address; City; State; Zip Code 718 W. Lullwood San Antonio, TX 78212	7 Amount of contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/3/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lydia Lorenzi Contributor address; City; State; Zip Code 3401 Jamaica Corpus Christi, TX 78418	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/7/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ernest Flood Contributor address; City; State; Zip Code 2514 Encino Cedros San Antonio, TX 78259	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/8/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brenda Bernal Contributor address; City; State; Zip Code 119 Juniper San Antonio, TX 78223	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: 5
2 FILER NAME Chris Castro		3 Filer ID (Ethics Commission Filers)
4 Date 4/11/19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tony Zamora 6 Contributor address; City; State; Zip Code 10999 IH-10 W #175 San Antonio, TX 78230	7 Amount of contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/13/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sofia Vittonett Contributor address; City; State; Zip Code 226 Laurelwood San Antonio, TX 78213	Amount of contribution (\$) \$60.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/13/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rosemary Barron Contributor address; City; State; Zip Code 1123 W. Lullwood San Antonio, TX 78201	Amount of contribution (\$) \$80.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/13/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rachel Ponce Contributor address; City; State; Zip Code 1607 W. Mariposa San Antonio, TX 78201	Amount of contribution (\$) \$35.00
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:
5

2 FILER NAME
Chris Castro

3 Filer ID (Ethics Commission Filers)

4 Date
4/15/19

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

7 Amount of contribution (\$)
\$300.00

6 Contributor address; City; State; Zip Code
140 Parkview San Antonio, TX 78210

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
4/16/19

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

Amount of contribution (\$)
\$150.00

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
4/19/19

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

Amount of contribution (\$)
\$250.00

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
4/19/19

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

Amount of contribution (\$)
\$250.00

Contributor address; City; State; Zip Code
230 Sunnyland Dr. San Antonio, TX 78228

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:
5

2 FILER NAME
Chris Castro

3 Filer ID (Ethics Commission Filers)

4 Date
4/20/19

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

7 Amount of contribution (\$)
\$100.00

6 Contributor address; City; State; Zip Code
440 Brandywine San Antonio, TX 78228

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
4/22/19

Full name of contributor out-of-state PAC (ID# _____)
Marisa Perez-Diaz and Rafa Diaz

Amount of contribution (\$)
\$150.00

Contributor address; City; State; Zip Code
8759 Seneca Creek Converse, TX 78109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
4/22/19

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

Amount of contribution (\$)
\$100.00

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
4/23/19

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

Amount of contribution (\$)
\$250.00

Contributor address; City; State; Zip Code
260 Hermine San Antonio, TX 78212

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: 5
2 FILER NAME Chris Castro		3 Filer ID (Ethics Commission Filers)
4 Date 4/24/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gary Trevino Contributor address; City; State; Zip Code 12 Crestlake Court Mansfield, TX 76063	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
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: 1
2 FILER NAME Chris Castro		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 50.00
5 Date 4/12/19	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adriana Chapa 7 Contributor address; City; State; Zip Code 9822 Potranco Rd. San Antonio, TX 78251	8 Amount of Contribution \$ \$50.00 9 In-kind contribution description Supplies for event <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: 4		2 FILER NAME Chris Castro		3 Filer ID (Ethics Commission Filers)	
4 Date 3/29/19		5 Payee name Office Depot			
6 Amount (\$) \$715.00		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/postage		(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 4/1/19		Payee name Fed Ex Office			
Amount (\$) \$120.70		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/copies		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 4/5/19		Payee name La Luz Marketing and Printing			
Amount (\$) \$188.03		Payee address; City; State; Zip Code 903 E. Nakoma Ste. 105 San Antonio, TX 78216			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) advertising expense/postcard printing		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	
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: 4		2 FILER NAME Chris Castro		3 Filer ID (Ethics Commission Filers)	
4 Date 4/10/19		5 Payee name Office Depot			
6 Amount (\$) \$220.00		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/postage		(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 4/11/19		Payee name Colorado Boxed Beef Co.			
Amount (\$) \$171.25		Payee address; City; State; Zip Code 12000 Center Rd. San Antonio, TX 78223			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) fundraising expense		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 4/12/19		Payee name Sam's Club			
Amount (\$) \$168.72		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) fundraising expense		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: 4		2 FILER NAME Chris Castro		3 Filer ID (Ethics Commission Filers)	
4 Date 4/16/19		5 Payee name La Luz Marketing and Printing			
6 Amount (\$) \$329.29		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) advertising expense-mailer printing		(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 4/18/19		Payee name E-Z Drive Stakes			
Amount (\$) \$148.84		Payee address; City; State; Zip Code 906 Ruiz St. San Antonio, TX 78207			
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 4/20/19		Payee name La Luz Marketing and Printing			
Amount (\$) \$179.70		Payee address; City; State; Zip Code 903 E. Nakoma Ste. 105 San Antonio, TX 78216			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) advertising expense-postcard printing		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: 4	2 FILER NAME Chris Castro	3 Filer ID (Ethics Commission Filers)
4 Date 4/22/19	5 Payee name Election Support Services	
6 Amount (\$) \$100.00	7 Payee address; City; State; Zip Code 2611 Rompel Pass San Antonio, TX 78232	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) consulting expense-reports/data	(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 4/23/19	Payee name Election Support Services	
Amount (\$) \$170.00	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-data	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	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 <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 PERSONAL FUNDS

SCHEDULE G

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 G: 1	2 FILER NAME Chris Castro	3 Filer ID (Ethics Commission Filers)
4 Date 4/11/19	5 Payee name City of San Antonio Development Services Center	
6 Amount (\$) \$38.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1901 S. Alamo St. San Antonio, TX 78204	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees for event permit	(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 4/22/19	Payee name Bedoy Bakery	
Amount (\$) \$20.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 803 W. Hildebrand Ave. San Antonio, TX 78212	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) food/beverage expense-pan dulce for senior center	(b) 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	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 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