CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to complet	e this form.	1 Filer ID (Ethics Commis 00087851	,	2 Total pages fi	iled: 48	
3 CANDIDATE /	MS / MRS / MR	FIRST	00007001	MI			
OFFICEHOLDER		Cecilia			OFFICE	USE ONLY	
NAME	IVITS.	Cecilia			Date Received		
					ELECTRONIC	ALLY FILED	
	NICKNAME	LAST		SUFFIX	01/16/2024		
				SUFFIX	01/10/2021		
		Castellano					
4 CANDIDATE /	ADDRESS / PO BOX; APT /	SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered of	or Date Postmarked	
OFFICEHOLDER	430 Savannah Heights						
MAILING ADDRESS					Receipt #	Amount	
ADDRE33							
Change of Address	Von Ormy, TX 78073				Date Processed		
					Data Imaged		
					Date Imaged		
5 CAMPAIGN	MS / MRS / MR F	IRST		MI			
TREASURER				1VII			
NAME	Mrs. 0	Cecilia					
	NICKNAME L	AST		SUFFIX			
	(Castellano					
6 CAMPAIGN	STREET ADDRESS (NO PO B			r / SUITE #; CITY;	тэ	ATE; ZIP CODE	
TREASURER		OX FLEASE),	AF	1730HE#, CHT,	31/	ATE, ZIF CODE	
ADDRESS	20956						
(Residence or Business)	Somerset Rd						
	Somerset, TX 78069						
7 CAMPAIGN	AREA CODE PHONE	NUMBER E	EXTENSION				
TREASURER	(210) 365-6663						
PHONE							
8 REPORT							
TYPE	X January 15	30th day before	election	Runoff	1 15th day after ca	mpaign treasurer	
					appointment (off		
	July 15	8th day before	election	Exceeded modified	Final Report (Att	ach C/OH-FR)	
				reporting limit	-		
9 PERIOD	Month Day Year			Month Day	Year		
COVERED	07/01/2023	TH	IROUGH	12/31/2023			
	01101/2023			12/01/2020	5		
10 ELECTION	ELECTION DATE			ELECTION TYPE			
	Month Day Year	XP	rimary	Runoff	Other		
	03/05/2024		General	Special			
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)		
				State Representa			
	None						
		<u> </u>	O PAGE 2				
		GUI	O PAGE Z				
Forms provided by Te	rms provided by Texas Ethics Commission www.ethics.state.tx.us Version V3.5.1.0bfcfb67						

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2 2 of 48

13 C / OH NAME	Castellano, Cecilia (N	Irs.)	14 Filer ID (E 00087851	Ethics Commission Filers)	
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without t I officeholders are required to report this information	the candidate's or officel	nolder's knowledge or	
Additional Pages					
	GENERAL				
		COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS		
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THAI ES OF LOANS, OR CONTRIBUTIONS MADE ELEC		\$ 865.00	
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	3)	\$ 26,350.00	
EXPENDITURE TOTALS					
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LA RIOD	AST DAY OF THE	\$ 28,111.06	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 25,000.00	
17 AFFIDAVIT	•			•	
		I swear, or affirm, under penalty true and correct and includes al under Title 15, Election Code.			
		Mrs. (Cecilia Castellano		
		Signature of	Candidate or Officehold	er	
AFFIX NO	TARY STAMP / SEAL AB	DVE			
Sworn to and subs	cribed before me, by the s	aid	, this the	day	
		ertify which, witness my hand and seal of office.			
Signature of offi	cer administering	Printed name of officer administering	Title of officer	administering oath	
Forms provided by Te	exas Ethics Commission	www.ethics.state.tx.us		Version V3.5.1.0bfcfb67	

SUBTOTALS - C/OH	FOR OVER SHE	м C/OH ET PG 3 3 of 48	
18 FILER NAME Castellano, Cecilia (Mrs.)	(Ethics Commi	ssion Filers)	
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOT	AL AMOUNT
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	26,350.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4. X SCHEDULE E: LOANS		\$	25,000.00
5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	23,238.94
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9. SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 1/10 Rpt: 4/48 Filer ID (Ethics Commission Filers) 2 FILER NAME 3 Castellano, Cecilia (Mrs.) 00087851 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/18/2023 Almazan, Joe \$25.00 6 Contributor address; City; State; Zip Code Laredo, TX 78045 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 12/04/2023 \$1,000.00 Alvarado, Anthony Contributor address; City; State; Zip Code San Antonio, TX 78216 Principal occupation / Job title (See Instructions) Employer (See Instructions) President/CEO **Texas Lawman Security** Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 11/22/2023 Andrade, Rey \$50.00 Contributor address; City; State; Zip Code San Antonio, TX 78251 Principal occupation / Job title (See Instructions) Employer (See Instructions) Teacher Judson ISD Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 11/30/2023 \$50.00 Archuleta, Frank Contributor address; City; State; Zip Code San Antonio, TX 78240 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Real Estate** Self-Employed Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 11/02/2023 \$1,000.00 Arzola, Jose Contributor address; City; State; Zip Code San Antonio, TX 78253 Principal occupation / Job title (See Instructions) Employer (See Instructions) Military Retired

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 2/10 Rpt: 5/48 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Castellano, Cecilia (Mrs.) 00087851 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 09/22/2023 Arzola, Jose \$250.00 6 Contributor address; City; State; Zip Code San Antonio, TX 78253 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Retired Retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 09/27/2023 \$100.00 Arzola, Teresa Contributor address; City; State; Zip Code San Antonio, TX 78226 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Contract Specialist** Veterans Affairs Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 10/22/2023 Bailey, Kirt \$50.00 Contributor address; City; State; Zip Code San Antonio, TX 78278 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/15/2023 \$100.00 Castellano, Antonio Contributor address; City; State; Zip Code Von Ormy, TX 78073 Principal occupation / Job title (See Instructions) Employer (See Instructions) Law Enforcement Texas Lawman Security Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 08/24/2023 \$100.00 Castellano, Antonio T Contributor address; City; State; Zip Code Von Ormy, TX 78073 Principal occupation / Job title (See Instructions) Employer (See Instructions) Executive Azteca

SCHEDULE A1

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 3/10 Rpt: 6/48	
2 FILER NAME			3 Filer ID (Ethics Commissi	on Filers)
Castellano,	Cecilia (Mrs.)		00087851	
4 Date	5 Full name of contributor Out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
10/25/2023	Castellano, Antonio T			\$5,000.00
	6 Contributor address; City; State; Zip Code			
	Von Ormy, TX 78073			
-	ipation / Job title (See Instructions)	9 Employer (See Instructions	5)	
Executive		Azteca		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
08/24/2023	Castellano, Cecilia			\$100.00
	Contributor address; City; State; Zip Code			
	Von Ormy, TX 78073			
	pation / Job title (See Instructions)	Employer (See Instructions	5)	
Executive		Azteca		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
08/24/2023	Castellano, Cecilia			\$5.00
	Contributor address; City; State; Zip Code			
Driv single age	Von Ormy, TX 78073			
Principal occu Executive	upation / Job title (See Instructions)	Employer (See Instructions Azteca	5)	
		Azieca	I	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	405 00
12/31/2023	Castellano, Cecilia			\$25.00
	Contributor address; City; State; Zip Code			
	Von Ormy, TX 78073			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u></u>	
Executive		Azteca	5)	
			Amount of Contribution (¢)	
Date 08/24/2023	Full name of contributor out-of-state PAC (ID#: Castellano, Juana)	Amount of Contribution (\$)	\$500.00
0012412025				Φ000.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78242			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
Retired		Retired	-)	

SCHEDULE A1

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	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 4/10 Rpt: 7/48	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Castellano, (Cecilia (Mrs.)			00087851	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	12/12/2023	Castellano, Ricardo				\$200.00
		6 Contributor address; City; State; Zip Code				
		San Antonio, TX 78245				
-	Bringinal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
ľ		Iterman Electic	Self-Employed	5)		
╞				<u> </u>		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	* 100.00
	12/15/2023	Ehler, James				\$100.00
		Contributor address; City; State; Zip Code				
		Pleasanton, TX 78064				
_	Dringing ogg	pation / Job title (See Instructions)	Employer (See Instructions			
	Attorney	pation / Job title (See Instructions)	Retired	5)		
╘		_				
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	±05.00
	11/03/2023					\$25.00
		Contributor address; City; State; Zip Code				
		Pleasanton, TX 78064				
-	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	i incipal occu			5)		
⊢	Date	Full name of contributor out-of-state PAC (ID#:		Г	Amount of Contribution (\$)	
	09/20/2023	Fenzel, Russ)			\$500.00
	00,20,2020	Contributor address; City; State; Zip Code		•		+000100
		Coppell, TX 75019				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Executive		AssuredPartners			
	Date	Full name of contributor out-of-state PAC (ID#:)	Г	Amount of Contribution (\$)	
	10/19/2023	Fuentes, Francisco	/			\$1,000.00
		Contributor address; City; State; Zip Code		1		
		Austin, TX 78759				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Construction		Self-Employed			
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SCHEDULE	A1
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	The Instru	iction Guide explains how to complete this f	iorm.	1	Total pages Schedule A1: Sch: 5/10 Rpt: 8/48	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Castellano, (Cecilia (Mrs.)			00087851	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	11/11/2023	—				\$100.00
		6 Contributor address; City; State; Zip Code		1		
		San Antonio, TX 78217				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	<u>-</u> s)		
	Attorney		Edgar Garcia Law			
-	Date	Full name of contributor Out-of-state PAC (ID#:_)	Τ	Amount of Contribution (\$)	
	09/08/2023	Gonzales, Janie			• •	\$100.00
	-	Contributor address; City; State; Zip Code				·
		San Antonio, TX 78207				
⊢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Executive	•	Webhead			
╞	Date	Full name of contributor Out-of-state PAC (ID#:	l)	Τ	Amount of Contribution (\$)	
	12/02/2023	Gonzales, Juan	/		Amount of Contraction ()	\$250.00
						ΨΔΟΟΙΟΙ
		San Antonio, TX 78217				
\vdash	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	⊥ s)		
	Attorney	•	Law Office of Juan M. G		zales	
⊨	Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Τ	Amount of Contribution (\$)	
	11/30/2023	Gonzales, Richard	/		Allount of Contribution (*)	\$50.00
	11,00,2022	Contributor address; City; State; Zip Code		·		400.0
		Continuou auress, City, State, Zip Coue				
		San Antonio, TX 78253				
⊢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	⊥ s)		
	Retired	•	Retired			
⊨	Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	Τ	Amount of Contribution (\$)	
	11/03/2023	Gonzales, Ryan	/		Allount of Contingenerit (+)	\$25.00
	11,00,1			·		+
		Continuation address, City, State, Zip Code				
		Hondo, TX 78861				
⊢	Principal occl	upation / Job title (See Instructions)	Employer (See Instructions	⊥		
				-,		
⊢			<u> </u>			

SCHEDULE A1

	The Instru	ction Guide explains how to complete t	this for	rm.	1	Total pages Schedule A1: Sch: 6/10 Rpt: 9/48	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Castellano, C	Cecilia (Mrs.)				00087851	ŕ
4	Date	5 Full name of contributor out-of-state PAC	AC (ID#:)	7	Amount of Contribution (\$)	
	12/04/2023	Gonzalez, Jane					\$300.00
	I	6 Contributor address; City; State; Zip Code					
	I						
	I						
		San Antonio, TX 78205					
8		pation / Job title (See Instructions)	9	Employer (See Instructions)		
	Executive			MedWheels Inc			
	Date	Full name of contributor out-of-state PAC	AC (ID#:)		Amount of Contribution (\$)	
	10/23/2023	Gonzalez, Juan M.					\$250.00
	I	Contributor address; City; State; Zip Code					
	I						
	I						
		San Antonio, TX 78212					
		pation / Job title (See Instructions)		Employer (See Instructions		1.	
	Attorney			Law Office of Juan M. G	ori	zalez	
	Date	Full name of contributor out-of-state PAC	C (ID#:)		Amount of Contribution (\$)	
	09/22/2023	Gonzalez, Juan M.					\$250.00
	I	Contributor address; City; State; Zip Code					
		Con Antonio TV 70212					
⊢	Dringing ogg	San Antonio, TX 78212 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Attorney			Self-Employed)		
╞	-						
	Date	Full name of contributor out-of-state PAC	νC (ID#:)		Amount of Contribution (\$)	ቀ10 በበ
	11/01/2023	Herrera, Jaime					\$10.00
	I	Contributor address; City; State; Zip Code					
	I						
	I	San Antonio, TX 78222					
┝	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
					,		
╞	Date	Full name of contributor out-of-state PAC)		Amount of Contribution (\$)	
	12/08/2023	Heynes, Jorge	ιc (iDπ			Allount of Contribution (4)	\$100.00
	12,00,2020	Contributor address; City; State; Zip Code					¥100.01
	I						
	I						
	I	Lakeway, TX 78734					
\vdash	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Not Employe			Self-Employed			
⊢			I				

SCHEDULE A1

	The Instru	ction Guide explains how to comple	ete this fo	rm.	1	Total pages Schedule A1: Sch: 7/10 Rpt: 10/48	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
	Castellano, (Cecilia (Mrs.)				00087851	,
4	Date	5 Full name of contributor out-of-state	e PAC (ID#:)	7	Amount of Contribution (\$)	
	11/07/2023	Hinojosa, Saul					\$50.00
		6 Contributor address; City; State; Zip Code					
		Somerset, TX 78069					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>ا</u>		
ľ	Superintende		ľ	Retired)		
╞	-						
	Date		e PAC (ID#:)		Amount of Contribution (\$)	* 10.00
	11/01/2023	Martinez, Jonh					\$10.00
		Contributor address; City; State; Zip Code					
⊢		San Antonio, TX 78223			Ļ		
	-	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Not Employe	d		Not Employed			
	Date	—	e PAC (ID#:)		Amount of Contribution (\$)	
	11/01/2023	Martinez, Samantha					\$25.00
		Contributor address; City; State; Zip Code					
		San Antonio, TX 78223					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date		e PAC (ID#:)		Amount of Contribution (\$)	
	11/22/2023	Medina, Manuel					\$1,500.00
		Contributor address; City; State; Zip Code					
		San Antonio, TX 78210					
	•	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	House Empl	oyee		State of Texas			
	Date	Full name of contributor out-of-state	e PAC (ID#:)		Amount of Contribution (\$)	
	10/24/2023	Medina, Manuel					\$1,500.00
		Contributor address; City; State; Zip Code					
L		San Antonio, TX 78210	<u>-</u>				
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Chief of Staf	f		State of Texas			

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 8/10 Rpt: 11/48 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Castellano, Cecilia (Mrs.) 00087851 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/25/2023 Medina, Manuel \$5,000.00 6 Contributor address; City; State; Zip Code San Antonio, TX 78257 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 House Employee State of Texas Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 11/03/2023 Midland, Dori and Tim \$1,000.00 Contributor address; City; State; Zip Code San Antonio, TX 79229 Principal occupation / Job title (See Instructions) Employer (See Instructions) Owner TRM Defence Consulting LLC Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 11/03/2023 Ochoa, Hilda \$100.00 Contributor address; City; State; Zip Code San Antonio, TX 78209 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 11/30/2023 \$500.00 Pena, Roman Contributor address; City; State; Zip Code San Antonio, TX 78221 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Business Owner** Retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 11/30/2023 \$60.00 Pena, Sylvia Contributor address; City; State; Zip Code San Antonio, TX 78227 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 9/10 Rpt: 12/48 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Castellano, Cecilia (Mrs.) 00087851 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 12/14/2023 Ramon, Joann \$50.00 6 Contributor address; City; State; Zip Code San Antonio, TX 78223 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Retired Retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 11/30/2023 \$75.00 Rodriguez, Linda & Henry Contributor address; City; State; Zip Code San Antonio, TX 78228 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 10/14/2023 Rodriguez, Queta \$100.00 Contributor address; City; State; Zip Code San Antonio, TX 78207 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Operations Director** Four Block Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 08/24/2023 \$200.00 Romero, Linda T Contributor address; City; State; Zip Code San Antonio, TX 78251 Principal occupation / Job title (See Instructions) Employer (See Instructions) Office Staff New Life Christian Center Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 11/24/2023 \$100.00 Romo, Lawrence Contributor address; City; State; Zip Code San Antonio, TX 78253 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired

SCHEDULE	A1
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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 10/10 Rpt: 13/48	
2	FILER NAME			3	Filer ID (Ethics Commission	on Filers)
	Castellano, (Cecilia (Mrs.)			00087851	
4	Date	5 Full name of contributor Out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	11/20/2023	Soto, Janeth	/			\$1,500.00
		6 Contributor address; City; State; Zip Code				+_,
		Contributor address, City, State, Zip Code				
		San Antonio, TX 78210				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u> ເ)		
ľ	Real Estate		Self-Employed	"		
				_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/20/2023	Soto, Janeth				\$1,500.00
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78210				
	•	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Real Estate		Self-Employed			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	11/17/2023	Stanton, Maria				\$250.00
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78250				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	11/01/2023	Stephenson, Jacky				\$200.00
		Contributor address; City; State; Zip Code				
		Dilley, TX 78017				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
F	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	12/04/2023	Villanueva, Kristi G	/			\$150.00
						,
		San Antonio, TX 78203				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	L;)		
I	Tru-Matrix C		Partner	,		
⊢		3				
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LOANS					SCHEDULE E
The Instructio	on Guide explains how to c	omplete this f	orm.		ges Schedule E: 1 Rpt: 14/48
2 FILER NAME Castellano, Ceci	lia (Mrs.)			3 Filer ID 000878	(Ethics Commission Filers) 351
⁴ TOTAL OF UN	IITEMIZED LOANS			•	\$
5 Date of loan 10/01/2023	7 Name of lender Castellano, Cecilia	out-of-state PA	.C (ID#:)	9 Loan Amount (\$) \$20,000.00
6 Is lender a financial institution?	8 Lender address; City;	State;	Zip Code		10 Interest Rate 0
No	Von Ormy, TX 78703				11 Maturity Date 10/01/2025
12 Principal occupation CEO/President	on / Job title (See Instructions)		13 Employer (See Instruction: Azteca Designs and Co		
14 Description of Coll	ateral		15 Check if personal funds w		l into political account
X None					(See Instructions)
16 GUARANTOR INFORMATION	17 Name of guarantor		•		19 Amount Guaranteed (\$)
X not applicable	18 Guarantor address; City;	State;	Zip Code		1
20 Principal occupatio	in		21 Employer (See Instruction	s)	
Date of loan	Name of lender	out-of-state PA	C (ID#:)	Loan Amount (\$)
12/15/2023	Castellano, Cecilia Lender address; City;	State;	Zip Code		\$5,000.00
financial institution?	Lender address, ony,	Onter,			
No	Von Ormy, TX 78703				Maturity Date 12/15/2025
Principal occupation	I on / Job title (See Instructions)		Employer (See Instruction		1
CEO/President			Azteca Designs and Co		
Description of Coll			Check if personal funds w	ere depositec	(See Instructions)
GUARANTOR INFORMATION	Name of guarantor	_			Amount Guaranteed (\$)
X not applicable	Guarantor address; City;	State;	Zip Code		1
Principal occupatio	JN		Employer (See Instruction	s)	1

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursem Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labo	Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	· · · · ·	3 Filer ID (Ethics Commission Filers)				
1	Sch: 1/34 Rpt: 15/48	Castellano, Cecilia (Mrs.)	00087851				
4	Date	Payee name	·				
	10/20/2023	3-D Signs					
6	Amount (\$) \$48.71	Payee address; City; State; Zip Code 7986 1st Street Somerset, TX 78069					
8	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Printing Expense	avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	11/02/2023	3-D Signs					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$1,299.00	7986 1st Street Somerset, TX 78069					
	PURPOSE OF EXPENDITURE		avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	11/15/2023	3-D Signs					
	Amount (\$) \$1,033.79	Payee address; City; State; Zip Code 7986 1st Street					
		Somerset, TX 78069					
	PURPOSE OF EXPENDITURE		avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense				
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				

POLITICAL EXPENDITURES FROM POLITICAL	
CONTRIBUTIONS	

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment			Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp Imittee Legal Services The Instruction Guide		Office Over Polling Exp Printing Ex Salaries/W	pense /ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 2/34 Rpt: 16/48		Castellano, Cecilia (Mrs.)					00087851
4	Date	5	Payee name					
	11/16/2023		3-D Signs					
6	Amount (\$)	7	Payee address; City;	State	; Zip Co	de		
	\$1,885.00		7986 1st Street					
			Somerset, TX 78069					
8	PURPOSE	(a)	Category (See Categories listed at the to	p of this sch	nedule)	(b) Description		
	OF EXPENDITURE		Printing Expense		,			ide of Texas. Complete Schedule T.
	LAFENDITORE						, TX,	, officeholder living expense
						Signs		
_								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	(Office sou	gnt		Office held
	Date		Payee name					
	11/17/2023		3-D Signs					
Amount (\$) Payee address; City; State; Zip Code								
	\$508.78	08.78 7986 1st Street						
			Somerset, TX 78069					
	PURPOSE OF	(a)	Category (See Categories listed at the to	p of this sch	nedule)	(b) Description		
	EXPENDITURE		Printing Expense					ide of Texas. Complete Schedule T. , officeholder living expense
						Signs	, .,,	
						- 5 -		
	Complete ONLY if direct	<u>с</u>	andidate/Officeholder name	(Office soug	ght		Office held
	expenditure to benefit C/OF	Н						
-	Date		Payee name					
	12/18/2023		3-D Signs					
	Amount (\$)		Payee address; City;	State	; Zip Co	de		
	\$1,358.54		7986 1st Street		, 1			
	. ,							
			Somerset, TX 78069					
	PURPOSE	(a)	Category (See Categories listed at the to	p of this sch	nedule)	(b) Description		
	OF EXPENDITURE		Printing Expense					ide of Texas. Complete Schedule T.
							, TX,	, officeholder living expense
						Signs		
		Ĺ	andialata (0#)					Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	(Office sou	gnt		Office held

POLITICAL EXPENDITURES FROM POLITICAL	
CONTRIBUTIONS	

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment			Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials E Legal Services The Instruction Gui	xpense	Office Ove Polling Exp Printing Ex Salaries/W	pense /ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 3/34 Rpt: 17/48		Castellano, Cecilia (Mrs.)					00087851
4	Date 12/21/2023		Payee name 3-D Signs					
6	Amount (\$) \$1,158.27		Payee address; City; 7986 1st Street Somerset, TX 78069	State;	Zip Co	de		
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the Printing Expense	e top of this sche	edule)			ide of Texas. Complete Schedule T. , officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ght		Office held
	Date		Payee name					
	11/15/2023		5D Steakhouse					
	Amount (\$) \$77.48		Payee address; City; 2418 N.1st Street Carrizo Springs, TX 78834	State;	Zip Co	de		
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the Food/Beverage Expense	e top of this sche	edule)			ide of Texas. Complete Schedule T. , officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	C)ffice sou	ght		Office held
	Date		Payee name					
	11/06/2023		7-Eleven					
	Amount (\$) \$39.77		Payee address; City; 19849 Somerset Rd.	State;	Zip Co	de		
			Somerset, TX 78069					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the Travel In District	e top of this sche	edule)			ide of Texas. Complete Schedule T. , officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	C)ffice sou	ght		Office held

POLITICAL EXPENDITURES FROM POLITICAL	
CONTRIBUTIONS	

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)				
	Sch: 4/34 Rpt: 18/48	Castellano, Cecilia (Mrs.)	00087851				
4	Date 12/01/2023	5 Payee name 7-Eleven					
6	Amount (\$) \$102.70	 Payee address; City; State; Zip Code 19525 McDonald St. Lytle, TX 78052 					
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	08/10/2023	AT&T					
	Amount (\$) Payee address; City; State; Zip Code \$86.03 208 S Akard St						
		Dallas, TX 75201					
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense ONE				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	09/10/2023	AT&T					
	Amount (\$) \$27.22	Payee address;City;State; Zip Code208 S Akard St					
		Dallas, TX 75201					
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense ONE				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment			Event Expense Fees Food/Beverage Exper Gift/Awards/Memorial	nse s Expense	Loan Repa Office Ove Polling Exp Printing Ex Salaries/W	yment/Reimbursement head/Rental Expense ense pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers	s)
	Sch: 5/34 Rpt: 19/48		Castellano, Cecilia (Mrs.)					00087851	
4	Date	5	Payee name						
	10/10/2023		AT&T						
6	Amount (\$)	7	Payee address; City;	State;	Zip Co	le			
	\$27.22		208 S Akard St						
			Dallas, TX 75201						
8	PURPOSE OF EXPENDITURE		Category _{(See Categories listed at} Office Overhead/Rental Ex		edule)		n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense I C	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ht		Office held	
	Date		Payee name						
	11/10/2023		AT&T						
	Amount (\$)		Payee address; City;	State;	Zip Co	le			
	\$27.22		208 S Akard St Dallas, TX 75201						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at Office Overhead/Rental Ex		edule)		n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense I P	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	С	Dffice sou	ht		Office held	
	Date		Payee name						
	12/10/2023	.	AT&T						
	Amount (\$) \$27.22		Payee address; City; 208 S Akard St	State;	Zip Co	le			
			Dallas, TX 75201						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at Office Overhead/Rental Ex		edule)		n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense I P	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Dffice sou	ht		Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)				
	Sch: 6/34 Rpt: 20/48	Castellano, Cecilia (Mrs.)	00087851				
4	Date 12/05/2023	Payee name Autozone					
6	Amount (\$) \$167.36	Payee address; City; State; Zip Code 604 W Oaklawn Rd Pleasanton, TX 78064					
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	08/25/2023	Ayala, Ana					
	Amount (\$) \$200.00	Payee address; City; State; Zip Code 525 E. Country Rd 5719					
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	09/08/2023	Ayala, Ana					
	Amount (\$) \$200.00	Payee address;City;State;Zip Code525 E. Country Rd 5719					
		Natalia, TX 78059					
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense				
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)				
	Sch: 7/34 Rpt: 21/48	Castellano, Cecilia (Mrs.)	00087851				
4	Date 09/20/2023	Payee name Ayala, Ana					
6	Amount (\$) \$500.00	Payee address; City; State; Zip Code 525 E. Country Rd 5719 Natalia, TX 78059					
8	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	11/02/2023	Ayala, Ana					
	Amount (\$) \$500.00	Payee address; City; State; Zip Code 525 E. Country Rd 5719 Natalia, TX 78059					
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	12/15/2023	Ayala, Ana					
	Amount (\$) \$500.00	Payee address;City;State;Zip Code525 E. Country Rd 5719					
		Natalia, TX 78059					
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense				
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mittee	Event Expense Fees Food/Beverage Ex Gift/Awards/Memo Legal Services	pense	Loan Repa Office Ove Polling Ex Printing Ex Salaries/W	aymer rhead pense (pense /ages/	nt/Reimbursement I/Rental Expense e /Contract Labor		Transportation E Travel in District Travel Out of Dis	
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)
	Sch: 8/34 Rpt: 22/48			Cecilia (Mrs.)					00087851	X Y
4	Date 12/22/2023		Payee name Ayala, Ana								
6	Amount (\$)		Payee addres	s; City;	State	; Zip Co	do				
U	\$200.00		,	try Rd 5719	State,	, <i>ב</i> וף כס	ue				
8	PURPOSE	(a)	Category va				(h)	Description			
0	OF	 (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Worked Campaign 12/11-17 						g expense			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Offic	eholder name	; (Office sou	ght			Office he	eld
	Date		Payee name								
	08/02/2023		Boyd Rojas	Advertising <i>J</i>	Agency						
	Amount (\$)		Payee addres	s; City;	State	; Zip Co	de				
	\$300.00		3603 Freder San Antonio	-							
	PURPOSE OF EXPENDITURE		Category _{(Se} Advertising		at the top of this sch	iedule)	(b)			de of Texas. Com officeholder living	plete Schedule T. g expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Offic	eholder name	e (Office sou	ght			Office he	eld
	Date		Payee name								
	08/02/2023			Advertising /	Agency						
	Amount (\$) \$200.00		Payee addres 3603 Freder		State;	; Zip Co	de				
			San Antonio	, TX 78201							
	PURPOSE OF EXPENDITURE		Category _{(Se} Advertising		at the top of this sch	nedule)				de of Texas. Com officeholder living	plete Schedule T. 9 expense
L	Complete ONLY if direct expenditure to benefit C/O		andidate/Offic	eholder name	e (Office sou	ght			Office he	eld

				EXPEND	ITURE CATEGO	RIES FOF	BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Con Credit Card Payment			nmittee	Event Expense Fees Food/Beverage Gift/Awards/Mer Legal Services		Loan Repa Office Ove Polling Exp Printing Ex Salaries/W	yment/Reimbursement head/Rental Expense ense pense ages/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	2	FILER NAM	Ξ				3	Filer ID	(Ethics Commission Filers)
	Sch: 9/34 Rpt: 23/48		Castellano	Cecilia (Mr	s.)				00087851	
4	Date	5	Payee name							
	08/21/2023		Boyd Rojas	Advertisin	g Agency					
6	Amount (\$)	7	Payee addre	ss; City;	State	; Zip Co	de			
	\$100.00		3603 Frede	ericksburg						
			San Antoni	o, TX 78201	L					
8	PURPOSE	(a)	Category (S	ee Categories lis	ted at the top of this sch	nedule)	(b) Description			
	OF EXPENDITURE		Advertising			,	Check if travel	outs	ide of Texas. Com	plete Schedule T.
	LAFENDITORE							, TX	, officeholder living	expense
							Website			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Off	iceholder nar	ne (Office sou	yht		Office he	eld
	Date		Payee name							
	12/07/2023		Chevron Ly	/tle						
	Amount (\$)		Payee addre	ss; City;	State	; Zip Co	le			
	\$31.84		15206 Maii		Olule	, 20 00				
	φ31.04		13200 Iviali	1 31						
			Lytle, TX 7	3052						
	PURPOSE OF EXPENDITURE	(a)	Category (S Travel In D		ted at the top of this sch	nedule)			ide of Texas. Com , officeholder living	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Off	iceholder nar	ne C	Office sou	Jht		Office he	eld
-	Date	<u> </u>	Davias name							
	12/11/2023		Payee name Chevron Ly							
			-							
	Amount (\$)		Payee addre		State	; Zip Co	de			
	\$33.24		15206 Maiı	n St						
			Lytle, TX 7	8052		_				
	PURPOSE	(a)	Category (S	ee Categories lis	ted at the top of this sch	nedule)	(b) Description			
	OF EXPENDITURE		Travel In D	istrict					ide of Texas. Com	•
	LAFENDITORE							, TX	, officeholder living	expense
							Fuel			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Off	iceholder nar	ne C	Office sou	ght		Office he	eld
┣—										

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee Legal Services	Expense morials Expense	Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Travel in District Travel Out of District	ment & Related Expense
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (E	thics Commission Filers)
	Sch: 10/34 Rpt: 24/48		Castellano, Cecilia (Mi	rs.)				00087851	
4	Date 12/07/2023		Payee name Circle K						
6	Amount (\$) \$91.35		Payee address; City; 1318 2nd St, Pleasant Pleasanton, TX 78064	on	Zip Co	le			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fuel							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder na	me C	Office sou	ht		Office held	
	Date		Payee name						
	08/25/2023		Dannys						
	Amount (\$) \$65.47		Payee address; City; 4402 San Bernardo Laredo, TX 78041	State;	Zip Coo	le			
	PURPOSE OF EXPENDITURE		Category _{(See Categories lis} Food/Beverage Expen		edule)		n, TX,	ide of Texas. Complete , officeholder living exp JeS	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder na	me C	Office sou	ht		Office held	
	Date		Payee name						
	10/06/2023		Dilley Truck Stop						
	Amount (\$) \$40.61		Payee address; City; 16250 IH 35 S	State;	Zip Co	le			
			Dilley, TX 78017						
	PURPOSE OF EXPENDITURE		Category (See Categories lis Travel In District	sted at the top of this sch	edule)			ide of Texas. Complete , officeholder living exp	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder na	me C	Office sou	ht		Office held	

			EXPENDITURE CATEG	ORIES FO	R B	OX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense nmittee Legal Services The Instruction Guide explair	Office Ov Polling Ex Printing E Salaries/V	erhea kpens Expens Wage	se s/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 11/34 Rpt: 25/48		Castellano, Cecilia (Mrs.)					00087851
4	Date	5	Payee name					
	11/20/2023		ESP Actionwear					
6	Amount (\$)	7	Payee address; City; Sta	te; Zip Co	ode			
	\$909.30		14014 Tahoe Vista					
			San Antonio, TX 78253					
8	PURPOSE	(a)	Category (See Categories listed at the top of this s	chedule)	(b)	Description		
	OF EXPENDITURE		Printing Expense	,			outsi	ide of Texas. Complete Schedule T.
	EXPENDITORE						, TX,	, officeholder living expense
						Shirts		
_				017				0///
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ught			Office held
	Date		Payee name					
	10/08/2023		Escamilla, Valentin					
	Amount (\$)		Payee address; City; Sta	te; Zip Co	ode			
	\$50.00		4020 San Agustin Ave					
			Laredo, TX 78041					
	PURPOSE	(a)	Category (See Categories listed at the top of this s	schedule)	(b)	Description		
	OF EXPENDITURE		Printing Expense					ide of Texas. Complete Schedule T.
	-					Tshirts	, TX,	, officeholder living expense
						1511115		
	Complete ONLY if direct		Candidate/Officeholder name	Office sou	 Ight			Office held
	expenditure to benefit C/OI			Onice Sol	igni			Office field
_	Date							
	11/05/2023		Payee name Escamilla, Valentin					
				to: Zip Cr	ada			
	Amount (\$)			te; Zip Co	Jue			
	\$150.00		4020 San Agustin Ave					
			Laredo, TX 78041					
	PURPOSE	(n)			(h)	Description		
	OF	(a)	Category (See Categories listed at the top of this s Contributions/Donations Made By	schedule)	(0)		outsi	ide of Texas. Complete Schedule T.
	EXPENDITURE		Candidate/Officeholder/Political Com	mittee				, officeholder living expense
						Youth Leagu	е	
	Complete ONLY if direct		Candidate/Officeholder name	Office sou	ught			Office held
	expenditure to benefit C/OI	Н						

POLITICAL EXPENDITURES FROM POLITICAL	
CONTRIBUTIONS	

		EXPENDITURE CATEGORIES FOR BOX 8(a)	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	3 Filer ID (Ethics Commission Filers)
1	Sch: 12/34 Rpt: 26/48	Castellano, Cecilia (Mrs.)	00087851
4	Date	5 Payee name	
	11/09/2023	Exxon	
6	Amount (\$) \$30.51	 Payee address; City; State; Zip Code 14650 I-35 Von Ormy, TX 78073 	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel In District	utside of Texas. Complete Schedule T. TX, officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	12/05/2023	Exxon	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$94.15	4463 E. Highway 97 Pleasanton, TX 78064	
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	12/14/2023	Exxon	
	Amount (\$) \$94.32	Payee address;City;State;Zip Code4463 E. HIGHWAY 97	
		Pleasanton, TX 78064	
	PURPOSE OF EXPENDITURE		uutside of Texas. Complete Schedule T. TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expl	Office (Polling Printing Salarie	Overh Expe g Exp s/Wa	ense ges/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 13/34 Rpt: 27/48		Castellano, Cecilia (Mrs.)					00087851
4	Date	5	Payee name					
	10/07/2023		Fonda Don Martin					
6	Amount (\$)	7	Payee address; City; S	State; Zip (Cod	e		
	\$88.22		9652 McPherson					
			Laredo, TX 78045					
8	PURPOSE	(a)				b) Description		
ľ	OF	(a)	Category (See Categories listed at the top of the Food/Beverage Expense	nis schedule)	1		outsi	ide of Texas. Complete Schedule T.
	EXPENDITURE		Food/Deverage Expense					, officeholder living expense
						Food		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office s	ougl	ht		Office held
	Date		Payee name					
	10/19/2023		Frio Nueces Current					
		-		Stata: Zin (Cod	2		
	Amount (\$)			State; Zip (Cou	е		
	\$35.00		321 E San Marcos St,					
			Pearsall, TX 78061					
	PURPOSE	(a)	Category (See Categories listed at the top of th	nis schedule)	(b) Description		
	OF EXPENDITURE		Office Overhead/Rental Expense					ide of Texas. Complete Schedule T.
						Online Subs		, officeholder living expense
						Online Subs	unp	lion
	Complete ONIL V if direct		Condidate/Officeholder name	Office o		ht		Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office s	ougi	nı		Office field
		_						
	Date		Payee name					
	12/30/2023		Garcia's Cafe					
	Amount (\$)		3	State; Zip (Cod	e		
	\$90.81		205 S. Oak St					
			Pearsall, TX 78061					
	PURPOSE	(a)	Category (See Categories listed at the top of th	nis schedule)	(b) Description		
	OF EXPENDITURE		Food/Beverage Expense					ide of Texas. Complete Schedule T.
	EXPENDITORE						η, TX	, officeholder living expense
						Food		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office s	ougl	ht		Office held
		•						

POLITICAL EXPENDITURES FROM POLITICAL	
CONTRIBUTIONS	

		EXPENDITURE CATEGORIES FOR BOX 8(a)
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reinbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District Gift/Awards/Memorials Expense Printing Expense Travel Out of District
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 14/34 Rpt: 28/48	Castellano, Cecilia (Mrs.) 00087851
4	Date	5 Payee name
	11/24/2023	HEB
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$84.10	19337 McDonald St
		Lylte, TX 78052
8	PURPOSE	
Ū	OF	 (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Supplies
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/10/2023	Highway One Stop
	Amount (\$)	Payee address; City; State; Zip Code
	\$61.63	265 St Louis Ave
		Charlotte, TX 78011
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Travel In District
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Fuel
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/16/2023	Home of Living Faith
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	616 E. Valverde St.
		Crystal City, TX 78839
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	LAFENDITORE	Candidate/Officeholder/Political Committee
		Campaign
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reinbursement Fees Odfice Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 15/34 Rpt: 29/48	Castellano, Cecilia (Mrs.)	00087851					
4		Payee name						
	12/11/2023	Jalisco's Mexican Restaurant						
6	Amount (\$) \$39.26	Payee address; City; State; Zip Code 1711 W Coaml St.						
		Pearsall, TX 78061						
8	PURPOSE OF EXPENDITURE	Food/Beverage Expense						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	11/01/2023	La Parrillada						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$20.83	1208 W Comal Pearsall, TX 78061						
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	12/29/2023	La Parrillada						
	Amount (\$) \$13.34	Payee address;City;State;Zip Code1208 W Comal						
		Pearsall, TX 78061						
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment		Event Expense Loan Repayment/Reinbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 16/34 Rpt: 30/48	Castellano, Cecilia (Mrs.) 00087851						
4	Date	5 Payee name						
	09/09/2023	La Perla #3						
6	Amount (\$) \$32.81	7 Payee address; City; State; Zip Code 1743 TX-97						
		Jourdanton, TX 78026						
8	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food 						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	08/02/2023	Laredo Morning News						
	Amount (\$) \$0.25	Payee address; City; State; Zip Code 5711 McPherson Rd						
		Laredo, TX 78041						
	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description (b) Description Check if travel outside of Texas. Complete Schedule T. (c) Check if Austin, TX, officeholder living expense Online Subscription							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	09/21/2023	Laredo Runaway 5K Run						
	Amount (\$) \$52.35	Payee address;City;State;Zip Code4805 Maher						
		Laredo, TX 78041						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense					
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		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:		3 Filer ID (Ethics Commission Filers)					
	Sch: 17/34 Rpt: 31/48	Castellano, Cecilia (Mrs.)	00087851					
4	Date	5 Payee name						
	11/01/2023	Lowe's # 151						
6	Amount (\$) \$36.52	7 Payee address; City; State; Zip Code 9014 Hwy 16 N						
		Poteet, TX 78065						
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	EXPENDITURE	Travel In District						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	10/19/2023	Lowe's Fuel						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$34.66	19860 Somerset Rd						
		Somerset, TX 78069						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	10/19/2023	Lowe's Fuel						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$25.00	19860 Somerset Rd						
		Somerset, TX 78069						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense					
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held					

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	2 FILER NAME	Filer ID (Ethics Commission Filers)					
_	Sch: 18/34 Rpt: 32/48	Castellano, Cecilia (Mrs.)	00087851					
4	Date 11/26/2023	5 Payee name Lylte C-Store						
6	Amount (\$) \$20.72	7 Payee address; City; State; Zip Code 19561 S FM 2790 W Ste. 1 Lytle, TX 78052						
8	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Gas 						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	10/03/2023	Lytle C-Store						
	Amount (\$) \$54.48	Payee address; City; State; Zip Code 19561 S FM 2790 W Ste. 1 Lytle, TX 78052						
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. 'X, officeholder living expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	12/02/2023	Lytle C-Store						
	Amount (\$) \$40.24	Payee address; City; State; Zip Code 19561 S FM 2790 W Ste. 1						
		Lytle, TX 78052						
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense					
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	2 FILER NAME 3	Filer ID (Ethics Commission Filers)					
	Sch: 19/34 Rpt: 33/48	Castellano, Cecilia (Mrs.) 00087851						
4	Date 12/29/2023	5 Payee name Lytle C-Store						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$51.13	19561 S FM 2790 W Ste. 1 Lytle, TX 78052						
8	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Travel In District						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	12/07/2023	McCoys						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$47.10	149 Wilson Dr, Floresville, TX 78114						
	PURPOSE OF EXPENDITURE		side of Texas. Complete Schedule T. X, officeholder living expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	10/03/2023	McDonalds						
	Amount (\$) \$15.13	Payee address;City;State;Zip Code625 N. Oak St.						
		Pearsall, TX 78061						
	PURPOSE OF EXPENDITURE		side of Texas. Complete Schedule T. X, officeholder living expense					
<u> </u>	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

EXPENDITURE CATEGORIES FOR BOX 8(a)										
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			mmittee	Event Expense Fees Food/Beverage Exper Gift/Awards/Memorials Legal Services	ent Expense Loan Repayment/Reimbursement ss Office Overhead/Rental Expense d/Beverage Expense Polling Expense Awards/Memorials Expense Printing Expense			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME	=				3	Filer ID	(Ethics Commission Filers)
-	Sch: 20/34 Rpt: 34/48	-		- Cecilia (Mrs.)				ľ	00087851	(
4	Date	5	Payee name							
	11/20/2023		Miguelitos Mexican Grill							
6	Amount (\$)	7	7 Payee address; City; State; Zip Code							
	\$66.00		1023 Vetera	ans Ave.						
			Crystal City	, TX 78839						
8	PURPOSE	(a)	Category (s	ee Categories listed at	the ten of this sch	uodulo)	(b) Description			
	OF	ľ		age Expense		icuaic)		outs	ide of Texas. Com	plete Schedule T.
	EXPENDITURE			0				n, TX	, officeholder living	j expense
							Food			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Off	iceholder name	C	Office sou	ght		Office he	eld
	Date		Payee name							
	08/25/2023		Mulas Auth	entic Mexican C	Cuisine					
	Amount (\$)		Payee addre	ss; City;	State	; Zip Co	de			
	\$161.54		1119 Fenw	ick Drive						
			Laredo, TX	78041						
	PURPOSE	(a)	Category (S	ee Categories listed at	the top of this sch	edule)	(b) Description			
	OF EXPENDITURE			age Expense					ide of Texas. Com	
EXPENDITORE									, officeholder living) expense
							Food & Beve	erag	jes	
	Complete ONLY if direct		Candidato/Off	ceholder name		Office sou	sht		Office he	bld
	expenditure to benefit C/OI					Jince Sou	jiit		Onice ne	5iu
_	Date									
	10/04/2023		Payee name Name Badg							
					Chata	7:0 00				
	Amount (\$)		Payee addre		State	; Zip Co	le			
	\$28.49		12240 SW	5510 51						
			Cooper City	/ EL 33330						
_	PURPOSE									
	OF	(^(a)	Printing Exp	ee Categories listed at	the top of this sch	iedule)	(b) Description Check if travel	outs	ide of Texas. Com	plete Schedule T.
	EXPENDITURE			Jense					, officeholder living	
							Name Badge	es		
	Complete ONLY if direct		Candidate/Off	iceholder name	C	Office sou	ght		Office he	eld
	expenditure to benefit C/OI	Н								

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment						Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	-ILER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 21/34 Rpt: 35/48		Castellano, Cecilia (Mrs.) 00087851						
4	Date 12/13/2023		5 Payee name Office Depot						
6	Amount (\$)	7	7 Payee address; City; State; Zip Code						
	\$12.87		5718 San Bernardo Ave Laredo, TX 78041						
8	PURPOSE	(a) (1		(b) Description			
	OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Badge							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder n	ame C	Office sou	ght		Office he	ld
	Date		Payee name						
	08/24/2023		Palenque Grill						
	Amount (\$)		Payee address; Cit	y; State;	; Zip Co	de			
	\$397.70		4615 San Bernardo _aredo, TX 78041						
	PURPOSE OF EXPENDITURE		Category _{(See Categories} Food/Beverage Expe		edule)		ı, TX,	de of Texas. Comp officeholder living ES	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder n	ame C	Office sou	ght		Office he	ld
	Date		Payee name						
	12/06/2023		Phillips 66						
	Amount (\$) \$24.81		Payee address; Cit 19860 Somerset Rd	y; State;	; Zip Co	de			
		:	Somerset, TX 78069						
	PURPOSE OF EXPENDITURE		Category (See Categories Fravel In District	listed at the top of this sch	edule)			de of Texas. Comp officeholder living	
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder n	ame C	Dffice sou	ght		Office he	ld

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	rsement Solicitation/Fundraising Expense xpense Transportation Equipment & Related Expense Travel in District Travel Out of District Labor OTHER (enter a category not listed above) orm.					
1	Total pages Schedule F1:	ILER NAME		3 Filer ID (Ethics Commission Filers)				
	Sch: 22/34 Rpt: 36/48	Castellano, Cecilia (Mrs.) 00087851						
4	Date 10/05/2023	5 Payee name Pizza Hut						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$63.77	2619 E. Saunders Laredo, TX 78041						
8	PURPOSE		(h) Doscrir	ation				
0	OF	 (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food 						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sought	Office held				
	Date	ayee name						
	10/18/2023	leasanton Express						
	Amount (\$)	ayee address; City; State	; Zip Code					
	\$40.00	O Box 880 leasanton, TX 78064						
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this sch ffice Overhead/Rental Expense	Chec	ck if travel outside of Texas. Complete Schedule T. ck if Austin, TX, officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sought	Office held				
	Date	ayee name						
	09/28/2023	restige Printing						
-	Amount (\$)		; Zip Code					
	\$497.95	Burwood Ln	, 20 0000					
		an Antonio, TX 78216						
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this sch rinting Expense	Chec	ck if travel outside of Texas. Complete Schedule T. ck if Austin, TX, officeholder living expense				
	Complete ONLY if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sought	Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)												
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Event Expense Fees Food/Beverage I Gift/Awards/Men Legal Services	Expense	Loan Repa Office Ove Polling Exp Printing Ex Salaries/W	aymen erhead pense opense /ages/	t/Reimbursement /Rental Expense Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(8	Ethics Commission Filers)	
-	Sch: 23/34 Rpt: 37/48	ľ	Castellano,	Cecilia (Mr	5.)					00087851			
4	Date	5	Payee name										
	09/28/2023		Professional	Campaign	Services								
6	Amount (\$)	7	Payee addres	s; City;	State	; Zip Co	de						
	\$222.87		5 Turin Ct										
			San Antonio	, DC 20033	3								
8	PURPOSE	(a)	Category (Se	e Categories list	ed at the top of this sch	edule)	(b)	Description					
	OF		Advertising I			,		-	outsi	de of Texas. Co	omplet	e Schedule T.	
	EXPENDITURE		-					Check if Austin	, тх,	officeholder livi	ing ex	pense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offic	eholder nan:	ne C	Office sou	ght			Office	held		
	Date		Payee name										
	10/19/2023		Professional	Campaign	Services								
						- Zin Co	do						
	Amount (\$)		Payee addres	s; City;	State,	; Zip Co	ue						
	\$172.20		5 Turin Ct										
			San Antonio	, DC 20033	3								
	PURPOSE	(a)	Category (Se	e Categories list	ed at the top of this sch	edule)	(b)	Description					
	OF EXPENDITURE		Advertising I	Expense			Check if travel outside of Texas.						
								ustin, TX, officeholder living expense					
								Texting					
	Complete ONLY if direct		Candidate/Offic	eholder nan	ne C	Office sou	ght			Office I	held		
	expenditure to benefit C/OI	Η											
	Date		Payee name										
	12/01/2023		Professional	Campaign	Services								
	Amount (\$)		Payee addres			Zip Co	do						
	\$525.25		5 Turin Ct	3, City,	State,	, Zip C0	ue						
	\$525.25		5 Tunn Ct										
			San Antonio	, DC 20033	3								
PURPOSE (a) Category (See Categories listed at the top of this schedule)								Description					
	OF EXPENDITURE		Advertising I	Expense				Check if travel	outsi	de of Texas. Co	omplet	e Schedule T.	
	EXPENDITORE								, TX,	officeholder livi	ing ex	pense	
								Texting					
	Complete ONLY if direct		Candidate/Offic	eholder nan	ne C	Office sou	ght			Office I	held		
	expenditure to benefit C/OI	Н											
-													

	EXPENDITURE CATEGORIES FOR BOX 8(a)														
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Event Ex Fees Food/Be [,] Gift/Awa Legal Se	xpense verage Expense rds/Memorials Exp	pense	Loan Repa Office Ove Polling Exp Printing Ex Salaries/W	tymen rhead bense pense 'ages/	t/Reimbursement /Rental Expense Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAM	E						3	Filer ID	(Ethics Commission Filers)		
	Sch: 24/34 Rpt: 38/48		Castellano	Cecilia	a (Mrs.)						00087851				
4	Date	5	Payee name	•											
	12/16/2023		Professiona	al Cam	paign Servio	ces									
6	Amount (\$)	7	Payee addre	ess;	City;	State;	; Zip Co	de							
	\$1,800.00		5 Turin Ct												
			San Antoni	o, TX 7	'8257										
8	PURPOSE	(a)	(a) Category (See Categories listed at the top of this schedule) (b) Description												
	OF EXPENDITURE		Advertising				,	ļ	Check if travel		de of Texas. Co	•			
										officeholder livi	ng e	kpense			
									Voter Outrea	CU					
0	Complete ONLY if direct		Candidate/Off	ioobold	or nomo		Office sou	abt			Office ł	hold	1		
9	expenditure to benefit C/OI		Januiuate/On	ICENDIU	ername		Jince Sou	ynt			Oncer	leic			
	Date		Payee name	1											
	12/23/2023		Profession	al Cam	paign Servio	ces									
	Amount (\$)		Payee address; City; State; Zip Code												
	\$1,800.00		5 Turin Ct												
			San Antoni	o, TX 7	78257										
	PURPOSE OF EXPENDITURE							Check if travel	ck if travel outside of Texas. Complete Schedule T. ck if Austin, TX, officeholder living expense						
_	Complete ONLY if direct		Candidate/Off	icoholde	or name		Office sou	aht			Office held				
	expenditure to benefit C/OI		Sanuluale/On	ICENDIU	ername			yn			Onice i	leiu	1		
_	Date		Payee name												
	12/31/2023		SHell Gas												
	Amount (\$)	-	Payee addre		City;	State [.]	; Zip Co	de							
	\$32.52		Int 35 and			State,	, zip co	uc							
	402.02			Wy 00	,										
Dilley, TX 78017															
	PURPOSE OF	(a)			ories listed at the t	top of this sch	edule)	(b)	Description						
	EXPENDITURE		Travel In D	istrict							de of Texas. Co , officeholder livii	•			
-	Complete ONLY if direct	L(Candidate/Off	iceholde	er name	C	Office sou	ght			Office I	held	1		
	expenditure to benefit C/OI							-							
-															

		EXPENDITURE CATEGOR	RIES FOR BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense ttee Legal Services The Instruction Guide explains F	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor now to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)				
-	Sch: 25/34 Rpt: 39/48	astellano, Cecilia (Mrs.)		00087851				
4	Date 11/17/2023	ayee name outh Texas Hardware						
6	Amount (\$) \$83.24	ayee address; City; State; 9790 Kurz St. omerset, TX 78069	Zip Code					
8	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense T-Post 						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name C	ffice sought	Office held				
	Date	ayee name						
	10/07/2023	oringfield Pump						
	Amount (\$) \$34.85	ayee address; City; State; 552 Springfield aredo, TX 78041	Zip Code					
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this sche bod/Beverage Expense	Check if travel of	outside of Texas. Complete Schedule T. , TX, officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name C	ffice sought	Office held				
⊨	Date	ayee name						
	11/04/2023	aquitos Ravi Restaurant						
	Amount (\$) \$88.56	ayee address; City; State; 420 Market St.	Zip Code					
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this sche bod/Beverage Expense	Check if travel of	outside of Texas. Complete Schedule T. , TX, officeholder living expense				
	Complete ONLY if direct expenditure to benefit C/OF	ndidate/Officeholder name C	ffice sought	Office held				

				EXPENDIT	URE CATEGO	RIES FOF	R BO	X 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		F F C nmittee L	vent Expense ees ood/Beverage Ex Sift/Awards/Memor egal Services	pense	Loan Repa Office Ove Polling Exp Printing Ex Salaries/W	aymen erhead pense (pense /ages/	t/Reimbursement /Rental Expense e /Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense	
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)	,
	Sch: 26/34 Rpt: 40/48		Castellano, C	Cecilia (Mrs.))					00087851		
4	Date 11/22/2023		Payee name Target									
6	Amount (\$)	7	Payee address	s; City;	State	; Zip Co	de					
	\$284.24		SW Military I			·						
_		San Antonio, TX 78224										
8	PURPOSE OF EXPENDITURE		Category _{(See} Event Expen		at the top of this sch	iedule)				de of Texas. Com officeholder living	plete Schedule T. J expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Offic	eholder name	C	Office sou	ght			Office he	eld	
	Date		Payee name									
	11/21/2023		Tex Best #50)4								
	Amount (\$)		Payee address	s; City;	State	; Zip Co	de					
	\$32.95		14650 IH 35 Von Ormy, T									
	PURPOSE OF EXPENDITURE		Category _{(See} Travel In Dis		at the top of this sch	iedule)				de of Texas. Com officeholder living	plete Schedule T. g expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Offic	eholder name	(Office sou	ght			Office he	eld	
⊢	Date		Payee name									-
	08/27/2023		Tex Best #52	29								
	Amount (\$) \$38.19		Payee address 19280 State		State	; Zip Co	de					
			Von Ormy, T	X 78073								
	PURPOSE OF EXPENDITURE		Category _{(See} Travel In Dis		at the top of this sch	edule)				de of Texas. Com officeholder living	plete Schedule T. g expense	
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Offic	eholder name	(Office sou	ght			Office he	əld	

			EXPEND	TURE CATEGOR	RIES FOR	BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		-		Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Exp Travel in District Travel Out of District OTHER (enter a category not listed abov				
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)			
	Sch: 27/34 Rpt: 41/48		Castellano, Cecilia (Mrs	5.)				00087851				
4	Date	5	Payee name				<u> </u>					
	09/17/2023		Tex Best #529									
6	Amount (\$)	7	Payee address; City;	State;	Zip Co	le						
	\$58.11		19280 State Hwy 16 S									
			Von Ormy, TX 78073									
8	PURPOSE	<u> </u>	(a) Category (See Categories listed at the top of this schedule) (b) Description									
Ĩ	OF		Travel In District	ed at the top of this sch	edule)		outsi	ide of Texas. Complete Schedule T.				
	EXPENDITURE					Check if Austin	ı, TX,	, officeholder living expense				
						Fuel						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder nan	ne C	Office soug	ht		Office held				
	Date		Payee name									
	11/10/2023		Tex Best #529									
	Amount (\$)		Payee address; City;	State;	Zip Co	le						
	\$29.16		19280 State Hwy 16 S									
			-									
			Von Ormy, TX 78073									
	PURPOSE	(a)	Category (See Categories list	ed at the top of this sch	edule)	(b) Description						
	OF EXPENDITURE		Travel In District			Check if travel outside of Texas. Complete Schedule T.						
	-						, officeholder living expense					
						Fuel						
	Complete ONLY if direct		andidate/Officeholder nan		Office soug	iht		Office held				
	expenditure to benefit C/Oł					, ne						
	Date	1										
	09/09/2023		Payee name Tex Best									
				Ctoto	Zin Co							
	Amount (\$)	1	Payee address; City;	State;	Zip Coo	le						
	\$64.25		4463 TX-97									
			Pleasanton, TX 78064									
	PURPOSE OF		Category (See Categories list	ed at the top of this sch	edule)	(b) Description	o	ide of Toylog, Complete Ochedule T				
	EXPENDITURE		Travel In District					ide of Texas. Complete Schedule T. , officeholder living expense				
						Fuel	., . / .,	, Enterioration in this opposite				
						-						
-	Complete ONLY if direct	L(andidate/Officeholder nan	ne C	Office soug	Iht		Office held				
	expenditure to benefit C/OI											
-												

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

		EXPENDITURE CATEGORIES FOR BOX 8(a)	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 28/34 Rpt: 42/48	Castellano, Cecilia (Mrs.)	00087851
4	Date 11/24/2023	5 Payee name Tex Best	
6	Amount (\$) \$31.06	7 Payee address; City; State; Zip Code 780 Carter St Asherton, TX 78827	
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense
9	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	10/28/2023	Техасо	
	Amount (\$) \$44.27	Payee address; City; State; Zip Code 104 S. Main St. Pleasanton, TX 78064	
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	12/02/2023	Техасо	
	Amount (\$) \$123.26	Payee address; City; State; Zip Code 104 S. Main St.	
		Pleasanton, TX 78064	
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp nittee Legal Services The Instruction Guide		Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Travel in District Travel Out of District OTHER (enter a category not listed a			
1	Total pages Schedule F1:	2 6				·	3	Filer ID (Ethics Commiss	sion Filers)		
-	Sch: 29/34 Rpt: 43/48		Castellano, Cecilia (Mrs.)					00087851	,		
4	Date	5 F	Payee name								
	11/29/2023	-	Fexas Democratic Party								
6	Amount (\$)	7 F	Payee address; City;	State;	; Zip Coo	le					
	\$750.00	F	P.O Box 15707								
	Austin, TX 78761										
8	PURPOSE	(a) (Category (See Categories listed at the to	n of this och	adula)	(b) Description					
Ĩ	OF		-ees	p of this sch	iedule)		outsi	de of Texas. Complete Schedule T.			
	EXPENDITURE					Check if Austin	, TX	officeholder living expense			
						Campaign Fi	ling	l			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office soug	ht		Office held			
⊨	Date		Payee name								
	11/22/2023		Fractor Supply								
	Amount (\$)		Payee address; City;	State;	; Zip Coo	le					
	\$50.40	-	1715 West Oakland St. Ste A								
		F	Pleasanton, TX 78064								
	PURPOSE	(a) (Category (See Categories listed at the to	p of this sch	nedule)	(b) Description					
	OF EXPENDITURE		Event Expense			Check if travel outside of Texas. Complete Schedule T.					
						Check if Austin, TX, officeholder living expense					
						Supplies					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office soug	lht		Office held			
	Date	F	Payee name								
	11/22/2023	-	Fractor Supply								
	Amount (\$)	F	Payee address; City;	State;	; Zip Coo	le					
	\$57.89		715 West Oakland St. Ste A								
	Pleasanton, TX 78064										
	PURPOSE	(a) (Category (See Categories listed at the to	p of this sch	nedule)	(b) Description					
	OF EXPENDITURE	E	Event Expense					de of Texas. Complete Schedule T.			
							I, TX,	officeholder living expense			
						Supplies					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office soug	ht		Office held			
		1									

				EXPENDITU	RE CATEGOR	RIES FOR	во	X 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Event Expense Fees Food/Beverage Expe Gift/Awards/Memoria Legal Services The Instruction (ense Ils Expense	Loan Repa Office Ove Polling Exp Printing Ex Salaries/W	ymen rhead bense pense ages/	t/Reimbursement /Rental Expense Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME	Ē					3	Filer ID	(Ethics Commission Filers)		
	Sch: 30/34 Rpt: 44/48		Castellano,	Cecilia (Mrs.)						00087851			
4	Date	5	Payee name										
	12/04/2023		Tractor Sup										
6	Amount (\$)	7 Payee address; City; State; Zip Code											
	\$81.01		1715 West Oakland St. Ste A										
Pleasanton, TX 78064													
8	PURPOSE	(a)	Category (S	ee Categories listed a	t the top of this sch	nedule)	(b)	Description					
	OF EXPENDITURE		Advertising			,]	Check if travel of		de of Texas. Com	•		
	EXPENDITORE							expense					
								Metal Stakes					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Off	ceholder name	C	Office sou	ght			Office he	eld		
	Date		Payee name										
	12/06/2023		Tractor Sup	ply									
	Amount (\$)		Payee addre	ss; City;	State;	; Zip Co	de						
	\$60.48		540 10th St	, Floresville									
			Floresville,	TX 78114									
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District					(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
							1	Fuel					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Off	iceholder name	C	Office sou	ght			Office he	eld		
	Date		Payee name										
	12/11/2023		Tractor Sup	ply									
	Amount (\$)		Payee addre	ss; City;	State;	; Zip Co	de						
	\$52.90		550 South I										
	Pearsall, TX 78061												
	PURPOSE OF	(a)		ee Categories listed a	t the top of this sch	nedule)	(b)	Description					
	EXPENDITURE	Advertising Expense						Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
							1	Post	, 17,	oniceriolder innig	Copense		
-	Complete ONLY if direct	<u>ر</u>	Candidate/Off	iceholder name	(Office sou	aht			Office he	eld		
	expenditure to benefit C/Oł												
-													

			EX	PENDITURE CATE	GORIES FO	R BC	DX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awa nmittee Legal S	everage Expense ards/Memorials Expense	Office Ov Polling Ex Printing E Salaries/V	erhead kpense xpens Wages	e /Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense		
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)		
	Sch: 31/34 Rpt: 45/48		Castellano, Cecili	a (Mrs.)					00087851			
4	Date	5	Payee name									
	12/13/2023		Tractor Supply									
6	Amount (\$)	7	Payee address;	City; S	State; Zip Co	ode						
	\$26.45		4102 State Hwy 3	59								
			-									
			Laredo, TX 78043									
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description										
0	OF		Advertising Expe		nis schedule)	(0)		outsio	de of Texas. Com	plete Schedule T.		
	EXPENDITURE		Auventising Expe	156					officeholder living			
							Post					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officehold	er name	Office sou	ight			Office he	eld		
	Date		Payee name									
	12/18/2023		Tractor Supply									
	Amount (\$)		Payee address;	City; S	State; Zip Co	ode						
	\$79.35		550 South IH 35									
			Pearsall, TX 7800	51								
	PURPOSE OF		Category (See Categ		nis schedule)	(b)	Description					
	EXPENDITURE		Advertising Expension	ise		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
							T-Post	, 17,	x, officeholder living expense			
							11000					
	Complete ONLY if direct		andidate/Officehold	er name	Office sou	l Iaht			Office he	ald		
	expenditure to benefit C/OF			er nume	Office Sol	igin			onice ne			
	Data	<u> </u>										
	Date 12/16/2023		Payee name Urban Uniforms									
				0								
	Amount (\$)		Payee address;		State; Zip Co	ode						
	\$800.00		12300 I-10 Bldg 3	5								
			San Antonio, TX	78230		_						
	PURPOSE	(a)	Category (See Categ	ories listed at the top of th	nis schedule)	(b)	Description					
	OF EXPENDITURE		Printing Expense		Check if travel outside of Texas. Complete Schedule T.							
	-						Shirts	, TX,	officeholder living	expense		
							JIIIII					
_	Complete ONL V if direct	Ļ	andidate/Officehold	or namo	Office sou				Office he	ald		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		anuluale/Onicenoid		Unice sol	iynt			Once ne	nu -		

				EXPENDIT	URE CATEGO	RIES FOR	BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Event Expense Fees Food/Beverage Ex Gift/Awards/Memo Legal Services The Instructior		Office Ove Polling Exp Printing Ex Salaries/W	head/Renta ense pense ages/Contra	act Labor		Travel in District Travel Out of Dis	quipment & Related Expense		
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)		
	Sch: 32/34 Rpt: 46/48		Castellano,	Cecilia (Mrs.)					00087851			
4	Date	5	Payee name										
	08/18/2023		Uvalde Lead	ler News									
6	Amount (\$)	7	Payee addres	s; City;	State	; Zip Co	le						
	\$26.00		110 N. East	St.									
		Uvalde, TX 78801											
8	PURPOSE	(a)	(a) Category (See Categories listed at the top of this schedule) (b) Description										
	OF EXPENDITURE		Office Overl			icuaic)	_		outsid	de of Texas. Com	plete Schedule T.		
	LAFENDITORE									c, officeholder living expense			
							Onii	ine Subsc	ript	1011			
_	Complete ONIL V if direct		Sandidata/Offi	abaldar name						Office be	ld		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Offic	enolder name	e (Office sou	int			Office he	90		
	Date		Payee name										
	08/19/2023		Valero										
	Amount (\$)		Payee addres	s; City;	State;	; Zip Co	le						
	\$51.52		1000 N. 9th	Street									
			Carrizo Spri	ngs, TX 788	34								
	PURPOSE OF				I at the top of this sch	edule)	(b) Dese						
	EXPENDITURE		Travel In Dis	strict				Check if travel	plete Schedule T. expense				
					Fue		, .,,						
	Complete ONLY if direct		Candidate/Offic	eholder name	e (Office sou	jht			Office he	eld		
	expenditure to benefit C/OI	Н											
	Date		Payee name										
	09/19/2023		Valero										
	Amount (\$)		Payee addres	s; City;	State	; Zip Co	le						
	\$36.14		8730 IH 35										
			Somerset, T	X 78211									
	PURPOSE	(a)	Category (Se	e Categories listed	l at the top of this sch	edule)	(b) Des	cription					
	OF EXPENDITURE								Check if travel outside of Texas. Complete Schedule T.				
	LAFENDITORE								, TX,	officeholder living	expense		
							Fue	I					
	Complete ONIL V if direct	Ľ	Candidate/Offic	oboldor norm	<u> </u>		,ht			Office he	Nd		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		anundle/UIII		, (Office sou	jiit			Once ne	สน		
-													

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

EXPENDITURE CATEGORIES FOR BOX 8(a)												
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Legal Services	e Expense emorials Expense S	Office O Polling E Printing Salaries	verhea Expens Expens /Wages	se s/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Exp	
	-				tion Guide expla	ains how to c	ompl	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME	Ξ					3	Filer ID	(Ethics Commission	n Filers)
	Sch: 33/34 Rpt: 47/48		Castellano,	Cecilia (N	lrs.)					00087851		
4	Date	5	Payee name									
	11/15/2023		Valero									
6	Amount (\$)	7	7 Payee address; City; State; Zip Code									
	\$29.55		1900 N Hwy 83									
			Crystal City	TV 7002	n							
			Crystal City				1					
8	PURPOSE OF	(a)			isted at the top of thi	is schedule)	(b)	Description				
	EXPENDITURE		Travel In Di	strict		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
								Fuel	ı, ı <i>x</i> ,		j expense	
9	Complete ONLY if direct		Candidate/Off	ceholder na	ame	Office so	uaht			Office he	h	
	expenditure to benefit C/O						ugin					
	Date		Payee name									
	08/24/2023		Walmart									
	Amount (\$)		Payee addre	ss; City	; S	tate; Zip C	ode					
	\$97.47		5610 San E	ernardo								
			Laredo, TX	78041								
	PURPOSE OF	(a)	Category (S	ee Categories I	isted at the top of thi	is schedule)	(b)	Description				
EXPENDITURE			Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense									
									expense			
								Cupplies				
	Complete ONLY if direct		Candidate/Off	coholdor n	mo	Office so				Office he		
	expenditure to benefit C/Oł		Januluale/Oil		ane	Office So	uynt			Onice ne	siu	
		_										
	Date		Payee name									
	12/08/2023		Walmart									
	Amount (\$)		Payee addre	ss; City	; S	tate; Zip C	ode					
	\$50.86 819 N Oak St											
	Pearsall, TX 78061											
	PURPOSE	(a)	Category (c	an Categorian I	sted at the top of thi	is schedulo)	(b)	Description				
	OF		Event Expe		וז ווים נטף טו נווו	is scriedule)			outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		,					Check if Austin	ı, ТХ,	officeholder living	expense	
								Decorations				
	Complete ONLY if direct		Candidate/Off	ceholder na	ame	Office so	ught			Office he	eld	
expenditure to benefit C/OH												

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	EXPENDITURE CATEGOR Event Expense Fees Food/Beverage Expense g - Gitt/Awards/Memorials Expense al Committee Legal Services The Instruction Guide explains h	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)		
		· · · · · · · · · · · · · · · · · · ·			
1 Total pages Schedule F1:			Filer ID (Ethics Commission Filers)		
Sch: 34/34 Rpt: 48/48	Castellano, Cecilia (Mrs.)		00087851		
4 Date	5 Payee name	·			
12/13/2023	Whataburger				
6 Amount (\$) \$23.63	7 Payee address; City; State; 2118 Guadalupe Laredo, TX 78043	Zip Code			
0		4.2			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sche Food/Beverage Expense	Check if travel outside	e of Texas. Complete Schedule T. officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ffice sought	Office held		
Date	Payee name				
08/20/2023	Zavala County Sentinel				
Amount (\$)	-	Zip Code			
\$12.50	202 E. Nueces St. Crystel City, TX 78839				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sche Office Overhead/Rental Expense	Check if travel outside	e of Texas. Complete Schedule T. officeholder living expense ON		
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ffice sought	Office held		