# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to compl	ete this form.	1 Filer ID (Ethics Commission 00087851	on Filers)	2 Total pages filed: 29	
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST		MI	OFFICE US	E ONLY
NAME	Mrs.	Cecilia			Date Received	
					ELECTRONICALL	Y FILED
	NICKNAME	LAST		SUFFIX	02/25/2024	
	NICKNAME	Castellano		SUFFIX	02/20/2021	
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or Da	te Postmarked
OFFICEHOLDER MAILING	430 Savannah Heights					
ADDRESS					Receipt #	Amount
Change of Address	Von Ormy, TX 78073				Date Processed	
🖰					Date Processed	
					Date Imaged	
					Date imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	<u>L</u>	
TREASURER	Mrs.	Cecilia				
NAME	IVII 3.	Ccoma				
	NIO(ALANE			OUEEN		
	NICKNAME	LAST Castellano		SUFFIX		
		Castellario				
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO	BOX PLEASE);	APT /	SUITE #; CITY;	STATE	; ZIP CODE
ADDRESS	20956					
(Residence or Business)	Somerset Rd					
,	Somerset, TX 78069					
7 CAMPAICNI	ADEA CODE DUOS	IE NII IMPED - F	VIENCION			
7 CAMPAIGN TREASURER		IE NUMBER E	EXTENSION			
PHONE	(210) 365-6663					
8 REPORT						
TYPE	January 15	30th day before	election  R	unoff	15th day after campa	aion treasurer
		_ courtag serore			appointment (officeho	
	July 15	8th day before		xceeded modified	Final Report (Attach	C/OH-FR)
			re	porting limit		
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/26/2024	TH	IROUGH	02/24/2024	4	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	ΧP	rimary	Runoff	Other	
	03/05/2024	l⊓G	eneral	Special		
				ш.		
11 OFFICE	OFFICE HELD (if any)		Ta	12 OFFICE SOUGHT	(if known)	
III OFFICE	None		-	State Representa		
	None			State Represent	ative District 60	
		GO T	O PAGE 2			
I						

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

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13 C / OH NAME	Castellano, Cecilia (Mrs.)  14 Filer ID 00087851			Ethics Commission Filers)		
15 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of political contributions accepted or political expenditures made by political concandidate / officeholder. These expenditures may have been made without the candidate's or officeholders. Candidates and officeholders are required to report this information only if they receive notices.					
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC					
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS			
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 1,040.00		
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 22,275.00		
EXPENDITURE TOTALS	3. TOTAL UNITEM	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES				
	4. TOTAL POLITIC	AL EXPENDITURES		<b>\$</b> 55,208.02		
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 22,223.79		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 60,000.00		
17 AFFIDAVIT						
		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.				
			Cecilia Castellano  Candidate or Officehold	lor.		
		•	Candidate of Officeriold	ICI		
AFFIX NO	TARY STAMP / SEAL ABO	OVE				
		aidertify which, witness my hand and seal of office.	, this the	day		
UI	, 20, 10 Ct	anny which, withess my halfu and seal of office.				
Signature of offi	cer administering	Printed name of officer administering	Title of officer	administering oath		

### **SUBTOTALS - C/OH**

# FORM C/OH COVER SHEET PG 3

3 of 29

				3 01 29		
18 FILER NAME19 Filer ID(Ethics Commission Filers)Castellano, Cecilia (Mrs.)00087851						
	E SUBTOTALS SCHEDULE		SUBTO	OTAL AMOUNT		
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	22,275.00		
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00		
3. X	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00		
4. X	SCHEDULE E: LOANS		\$	30,000.00		
5. X	5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS					
6. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00		
7. X	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	0.00		
8. X	8. X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD					
9. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	0.00		
10.	10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH					
11.	11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS					
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER						

	MONET	ARY POLITICAL C	CONTRIBUTIO	N:	5		SCHEDUI	E A1
	The Instruc	ction Guide explains how	to complete this fo	rm	1.	1	Total pages Schedule A1: Sch: 1/2 Rpt: 4/29	
2	FILER NAME Castellano, C	Cecilia (Mrs.)				3	Filer ID (Ethics Commission 00087851	on Filers)
4	Date 02/21/2024	<ul><li>5 Full name of contributor Arzola, Jose Pablo</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#: ate; Zip Code		)	7	Amount of Contribution (\$)	\$2,500.00
_	Duinning Langu	San Antonio, TX 78253	\		Employer (Cool body etions			
8	Retired	pation / Job title (See Instructions	)  9		Employer (See Instructions Retired	·)		
	Date Full name of contributor out-of-state PAC (ID#:)  02/10/2024 Caballero, Monica  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$125.00			
	Principal occu	San Antonio, TX 78212 pation / Job title (See Instructions	<u> </u>		Employer (See Instructions			
	Attorney	pation / 300 title (See matractions	,		The P.E.A.C.E. Initiative			
	Date Full name of contributor out-of-state PAC (ID#:)  02/20/2024 Castellano, Anthony  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$6,000.00			
		Von Ormy, TX 78073						
	Principal occu Executive	pation / Job title (See Instructions	)		Employer (See Instructions Azteca Design & Constr	•	ion	
	Date Full name of contributor out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$100.00		
	Principal occu Realtor	pation / Job title (See Instructions	)		Employer (See Instructions Vantage Real Estate	)		
	Date Full name of contributor out-of-state PAC (ID#:)  02/08/2024 Harris, Rene  Contributor address; City; State; Zip Code  Schertz, TX 78154			Amount of Contribution (\$)	\$250.00			
	Principal occu Retired	pation / Job title (See Instructions	)		Employer (See Instructions Retired	)		

	MONET	ARY POLITICAL C	ONTRIBUTION	S		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how	to complete this form	n.	1	Total pages Schedule A1: Sch: 2/2 Rpt: 5/29	
2	FILER NAME Castellano, 0	Cecilia (Mrs.)			3	Filer ID (Ethics Commission 00087851	on Filers)
4	Date 02/08/2024	<ul><li>5 Full name of contributor Harris, Rene</li><li>6 Contributor address; City; Sta</li></ul>	out-of-state PAC (ID#: tte; Zip Code		7	Amount of Contribution (\$)	\$260.00
_	Deignaignal	Schertz, TX 78154	lo.	Francis or (Coo Instructions			
8	Retired	pation / Job title (See Instructions)	9	Employer (See Instructions Retired	5)		
	Date Full name of contributor out-of-state PAC (ID#:)  02/12/2024 Haslam, Scott  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00		
	Principal occu	San Antotion, TX 78259 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Insurance Aç	gent		Insurance Agent			
	Date Full name of contributor out-of-state PAC (ID#:)  02/15/2024 Medina, Manuel  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5,000.00		
		San Antonio, TX 78212					
	Principal occu House Empl	pation / Job title (See Instructions) oyee		Employer (See Instructions State of Texas	5)		
	Date Full name of contributor out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$5,000.00	
	•	pation / Job title (See Instructions) ner / Manager		Employer (See Instructions Self Employed	5)		
	Date Full name of contributor  01/27/2024  ZDA Architecture, Inc.  Contributor address; City; State; Zip Code  San Antonio, TX 78212			Amount of Contribution (\$)	\$1,000.00		
	Principal occu Architecture	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	5)		
			•				

PLEDGED CONTRIBUTIONS		SCHEDULE B
The Instruction Guide explains how to	complete this form.	1 Total pages Schedule B: Sch: 1/1 Rpt: 6/29
2 FILER NAME Castellano, Cecilia (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087851	
4 TOTAL OF UNITEMIZED PLEDGES		\$ 0.00
5 Date 6 Full name of pledgor out-of-stat	te PAC (ID#:	9 In-kind description pledge (\$) (If applicable)
7 Pledgor Address; City; State;	Zip Code	Check if travel outside of Texas. Complete Schedule T
10 Principal occupation / Job title (See Instructions)	11 Employer (See In	structions)

	LOANS						SCHEDULE E	
	The Instruction	n Guide explains ho	w to co	omplete this f	orm.	1	ages Schedule E: 1 Rpt: 7/29	
2	FILER NAME Castellano, Ceci	lia (Mrs.)					(Ethics Commission Filers)	
4	TOTAL OF UN	ITEMIZED LOANS				<b>I</b>	\$ 0.0	0
5	Date of loan	7 Name of lender		out-of-state PA	C (ID#:	)	9 Loan Amount (\$)	_
6	02/01/2024 Is lender a financial institution?	Castellano, Cecilia  8 Lender address;	City;	State;	Zip Code		\$25,000.0	0
	No	Von Ormy, TX 7807	3				11 Maturity Date 01/31/2026	
12	Principal occupation CEO/President	on / Job title (See Instruction	ns)		13 Employer (See Instructions AZTECA Designs & Co	•		
14	Description of Coll  X None	ateral			15 Check if personal funds we	ere deposited	d into political account (See Instructions)	
16	GUARANTOR INFORMATION	17 Name of guarantor					19 Amount Guaranteed (\$)	
	X not applicable	18 Guarantor address;	City;	State;	Zip Code			
20	Principal occupation	on			21 Employer (See Instructions	s)		
	Date of loan	Name of lender		out-of-state PA	C (ID#:	)	Loan Amount (\$)	_
	02/24/2024	Castellano, Cecilia					\$5,000.0	0
	Is lender a financial institution?	Lender address;	City;	State;	Zip Code		Interest Rate	
	No	Von Ormy, TX 7870	3				Maturity Date 02/23/2026	
	Principal occupation	on / Job title (See Instruction			Employer (See Instructions	s)		_
	CEO/President				AZTECA Designs & Construction			
	Description of Coll  X None	ateral			Check if personal funds were deposited into political account (See Instructions)			
	GUARANTOR INFORMATION	Name of guarantor					Amount Guaranteed (\$)	
	X not applicable	Guarantor address;	City;	State;	Zip Code			
	Principal occupation	on			Employer (See Instructions	s)		

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/22 Rpt: 8/29	Castellano, Cecilia (Mrs.) 00087851
4	Date	5 Payee name
	02/12/2024	3D Signs
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,447.84	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 Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Signs/Literature
		Signs/Ellerature
_	0 1: 01   1/4    1	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/17/2024	5D Steakhouse
	Amount (\$)	Payee address; City; State; Zip Code
	\$53.82	2418 N. 1st Street
		Carrizo Springs, TX 78834
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Volunteer Food/Drinks
		Volunteer Food/Diffiks
_	Commission ONII V if disposit	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	
	· .	
	Date	Payee name
	02/20/2024	ACE Harware
	Amount (\$)	Payee address; City; State; Zip Code
	\$17.22	9041 Hwy 16 North
		Poteet, TX 78065
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense
		Check if Austin, TX, officeholder living expense
		Event Supplies
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experience to beliefft C/Of	•

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to co	nplete this form.	
1 Total pages Schedule F1:	2 FILER NAME	3	Filer ID (Ethics Commission Filers)
Sch: 2/22 Rpt: 9/29	Castellano, Cecilia (Mrs.)		00087851
4 Date	5 Payee name		
02/12/2024	AT&T		
6 Amount (\$)	7 Payee address; City; State; Zip Co	de	
\$27.22	208 S Akard St		
	Dallas, TX 75201		
8 PURPOSE		(b) Description	
OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		ide of Texas. Complete Schedule T.
EXPENDITURE	2.100 0.100 day, 10.11da 27.po.100	Check if Austin, TX	, officeholder living expense
		Phones	
9 Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ght	Office held
experiulture to benefit C/O	1		
Date	Payee name		
02/12/2024	AT&T		
Amount (\$)	Payee address; City; State; Zip Co	de	
\$27.22	208 S Akard St		
	Dallas, TX 75201		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF	Office Overhead/Rental Expense		ide of Texas. Complete Schedule T.
EXPENDITURE	'		, officeholder living expense
		Phones	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ght	Office held
Date	Payee name		
02/13/2024	Big's 304		
Amount (\$)	Payee address; City; State; Zip Co	de	
\$11.28	13489 Interstate 35 S		
	Moore, TX 78057		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Food/Beverage Expense		ide of Texas. Complete Schedule T.
EXPENDITURE		ш	, officeholder living expense
		Volunteer Food	/Drinks
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ght	Office held
experience to belieff 0/0	•		

### SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how	w to comp	olete this form.
1	Total pages Schedule F1:	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 3/22 Rpt: 10/29	Castellano, Cecilia (Mrs.)		00087851
4	Date	Payee name		·
	02/13/2024	Big's 304		
6	Amount (\$)	Payee address; City; State; Z	Zip Code	
	\$46.29	13489 Interstate 35 S		
		Moore, TX 78057		
8	PURPOSE OF	Category (See Categories listed at the top of this schedu	le) (b)	Description
	EXPENDITURE	Travel In District		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
				Fuel
9	Complete ONLY if direct	andidate/Officeholder name Offi	ce sough	t Office held
	expenditure to benefit C/OI			
	Date	Payee name		
	02/04/2024	Blanco Food Mart		
	Amount (\$)	Payee address; City; State; Z	Zip Code	
	\$9.75	21887 TX-16		
		Von Ormy, TX 78073		
	PURPOSE	Category (See Categories listed at the top of this schedu	le) (b)	Description
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
				Volunteer Food/Drinks
	Complete ONLY if direct	andidate/Officeholder name Offi	ce sough	t Office held
	expenditure to benefit C/OI			
	Date	Payee name		
	01/29/2024	Chubby's Travel Center		
	Amount (\$)	Payee address; City; State; Z	Zip Code	
	\$67.49	21531 FM 471		
		Natalia, TX 78056	_	
	PURPOSE OF	Category (See Categories listed at the top of this schedu	(b)	) Description
	EXPENDITURE	Travel In District		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
				Fuel
Г	Complete ONLY if direct	andidate/Officeholder name Offi	ce sought	t Office held
	expenditure to benefit C/OI			

### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to com	plete this forn	n.	
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission F	ilers)
	Sch: 4/22 Rpt: 11/29	Castellano, Cecilia (Mrs.)		00087851	
4	Date	5 Payee name			
	02/06/2024	Churches			
6	Amount (\$)	7 Payee address; City; State; Zip Code	е		
	\$25.95	19353 McDonald			
		Lylte, TX 78052			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Description	 on	
	OF EXPENDITURE	Food/Beverage Expense	Check if	travel outside of Texas. Complete Schedule T.	
	EXPENDITORE		_	Austin, TX, officeholder living expense	
			voluntee	er Food/Drinks	
_	0 1: 0.11.7.7.1.				
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	nt .	Office held	
_	Data				
	Date	Payee name			
	01/27/2024	Dollar General			
	Amount (\$)	Payee address; City; State; Zip Code	9		
	\$24.69	13363 W FM 476			
		Somerset, TX 78069			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	Description		
	EXPENDITURE	Office Overhead/Rental Expense		travel outside of Texas. Complete Schedule T.  Austin, TX, officeholder living expense	
			Office Su		
			J55 J.		
	Complete ONLY if direct	Candidate/Officeholder name Office sough	nt	Office held	
	expenditure to benefit C/OI	1			
_	Date	Payee name			
	02/09/2024	El Nino Foods			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$9.82	915 North 1st Ave.			
		Crystal City, TX 78839			
	PURPOSE		<b>b)</b> Description	 on	
	OF	Food/Beverage Expense	Check if	travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	,		Austin, TX, officeholder living expense	
			Voluntee	er Food/Drinks	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	nt	Office held	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to comp	lete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 5/22 Rpt: 12/29	Castellano, Cecilia (Mrs.)	00087851
4	Date	5 Payee name	<u>'</u>
l	02/16/2024	Exxon Express Pay	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
l	\$70.00	111 N IH 35	
l			
l		Pearsall, TX 78061	
8	PURPOSE		Description
ľ	OF	(a) Category (See Categories listed at the top of this schedule)  Travel In District	Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE		Check if Austin, TX, officeholder living expense
l			Fuel
L			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
L	experientare to benefit Great	'	
l	Date	Payee name	
l	02/02/2024	Exxon Five Points	
Г	Amount (\$)	Payee address; City; State; Zip Code	
l	\$56.91	102 N 1 St.	
l			
		Carrizo Spring, TX 78888	
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
l	OF EXPENDITURE	Travel In District	Check if travel outside of Texas. Complete Schedule T.
l			Check if Austin, TX, officeholder living expense
l			ruei
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	•	Office field
⊨	Dete		
l	Date 02/02/2024	Payee name Exxon Five Points	
┡			
l	Amount (\$)	Payee address; City; State; Zip Code	
l	\$25.46	401 S Getty Sy.	
l		11 . 11. TV 70004	
L		Uvalde, TX 78801	
l	PURPOSE OF	,	Description Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Travel In District	Check if Austin, TX, officeholder living expense
l			Fuel
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 6/22 Rpt: 13/29 Castellano, Cecilia (Mrs.) 00087851 4 Date Payee name Frio Farm & Ranch 02/10/2024 6 Amount (\$) Payee address; City; State; Zip Code \$76.22 1518 N Oak St Pearsall, TX 78061 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Travel In District **EXPENDITURE** Check if Austin, TX, officeholder living expense Fuel Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/01/2024 Gilberts Mexican Restaurant Amount (\$) Payee address; City; State; Zip Code \$33.58 8138 Marbach Dr San Antonio, TX 78227 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Volunteer Food/Drinks Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/04/2024 **HEB** Amount (\$) Payee address; City; State; Zip Code \$54.78 368 Valley High SAN ANTONIO, TX 78227 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Office Supplies Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/22 Rpt: 14/29	Castellano, Cecilia (Mrs.) 00087851
4	Date	5 Payee name
	02/14/2024	HEB
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.33	19337 McDonald Street
		Lytle, TX 78052
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Volunteer Food/Drinks
		Voluntion i God/Dilline
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	02/10/2024	Hacienda Jaliscence
_	Amount (\$)	Payee address; City; State; Zip Code
	\$39.80	20075 Interstate 35
	Ψ00.00	20070 Interstate 00
		Lylte, TX 78052
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Volunteer Food/Drinks
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	02/02/2024	KC and Company
	Amount (\$)	Payee address; City; State; Zip Code
	\$51.26	1302 Pena St
	+ 1 - V	
		Carrizo Springs, TX 78834
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Office Supplies
		Office Supplies
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

### SCHEDULE F1

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

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
	Sch: 8/22 Rpt: 15/29	Castellano, Cecilia (Mrs.) 00087851				
4	Date	5 Payee name				
	01/27/2024	La Parillada				
6	Amount (\$)	7 Payee address; City; State; Zip Code	_			
	\$30.87	1208 W. Comal				
		Pearsall, TX 78061				
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense  Volunteer Food/Drinks				
		Volunteer 1 ood/Dilliks				
Ļ	Complete ONLY if direct	Condidate Office held				
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
	· 					
	Date	Payee name				
	02/05/2024	Lowes Fule 127				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$75.09	19860 Somerset Rd.				
		Somerset, TX 78069				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense  Fuel				
		ruei				
_	Opening the ONLY if allowed	One fields to 100% as half-				
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
	<u>'</u>					
	Date	Payee name				
	02/13/2024	Luigis Italian Restaurant				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$122.25	432 W Main St				
		Uvalde, TX 78801				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.				
	LA LIBITORE	Check if Austin, TX, officeholder living expense				
		Volunteer Food/Drinks				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
L	experialitate to periorit 6/011					

### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

Candidate/Officeholder/Political Comm Credit Card Payment		v to complete this form.	OTHER (enter a category not listed above)
1 Total pages Schedule F1: 2 F	FILER NAME		3 Filer ID (Ethics Commission Filers)
·	Castellano, Cecilia (Mrs.)		00087851
<b>4</b> Date <b>5</b> P.	Payee name		
02/17/2024 L <sub>1</sub>	_ylte C-Store		
\$30.60 1	Payee address; City; State; Z L951 S FM 2790 Lylte, TX 78052	ip Code	
	<u> </u>	(b) Description	
) OE  \```	Category (See Categories listed at the top of this schedul Fravel In District	Check if travel	outside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete ONLY if direct Ca expenditure to benefit C/OH	andidate/Officeholder name Offic	ce sought	Office held
Date P	Payee name		
01/28/2024 L <sub>2</sub>	Lytle C-Store		
` ,	Payee address; City; State; Z L9561 FM2790 Suite 1	ip Code	
Ly	_ylte, TX 78052		
I DE I	Category (See Categories listed at the top of this schedul Fravel In District	Check if travel	outside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete <u>ONLY</u> if direct Ca expenditure to benefit C/OH	andidate/Officeholder name Offic	ce sought	Office held
Date P	Payee name		
01/30/2024 L <sub>2</sub>	Lytle C-Store		
` ′	Payee address; City; State; Z 19561 FM2790 Suite 1	ip Code	
L	Lylte, TX 78052		
) OE	Category (See Categories listed at the top of this schedul Fravel In District	Check if travel	outside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete <u>ONLY</u> if direct Ca expenditure to benefit C/OH	andidate/Officeholder name Office	ce sought	Office held

### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to comp	lete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 10/22 Rpt: 17/29	Castellano, Cecilia (Mrs.)	00087851
4	Date	5 Payee name	<u>'</u>
l	02/18/2024	Lytle C-Store	
6	Amount (\$) \$66.28	7 Payee address; City; State; Zip Code 19561 S FM 2790	
	DUDDOG	Lytle, TX 78052	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel In District	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fuel
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sough	t Office held
	Date	Payee name	
	02/18/2024	McDonald's Restaurant	
	Amount (\$) \$30.15	Payee address; City; State; Zip Code 503 N 1st Street	
		Carrizo Springs, TX 78834	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Volunteer Food/Drinks
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	t Office held
	Date 02/02/2024	Payee name PC Creative Services	
	Amount (\$) \$4,176.00	Payee address; City; State; Zip Code 10711 Hillpoint Dr	
		San Antonio, TX 78217	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Printing
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	t Office held

### SCHEDULE F1

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

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

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

l	Credit Card Payment	The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Fil	ers)			
	Sch: 11/22 Rpt: 18/29	Castellano, Cecilia (Mrs.) 00087851	•			
4	Date	5 Payee name				
	02/09/2024	PC Creative Services				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
l	\$4,176.00	10711 Hillpoint Dr				
l						
		San Antonio, TX 78217				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense  Printing				
		Finding				
Ļ	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
9	expenditure to benefit C/O					
⊨	5.	T				
	Date	Payee name				
L	02/16/2024	PC Creative Services				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$3,292.00	10711 Hillpoint Dr				
		San Antonio, TX 78217				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense				
		Printing				
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OH					
F	Date	Payee name				
	02/23/2024	PC Creative Services				
H	Amount (\$)	Payee address; City; State; Zip Code				
	\$4,176.00	10711 Hillpoint Dr				
	ψ 1,±1 0.00					
		San Antonio, TX 78217				
	PURPOSE	To a second seco				
	OF	(a) Category (See Categories listed at the top of this schedule)  Printing Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE	Check if Austin, TX, officeholder living expense				
		Printing				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/O	H				

#### SCHEDULE F1

**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:	P. FILER NAME	3 Filer ID (Ethics Commission Filers)		
	Sch: 12/22 Rpt: 19/29	Castellano, Cecilia (Mrs.)	00087851		
4	Date	Payee name			
_	02/17/2024	Peak Point			
_					
6	Amount (\$) \$6.04	Payee address; City; State; Zip Code 9110 N State Hwy 16  Poteet, TX 78065			
8	PURPOSE	a) Cotogony (h) Docoriotion			
•	OF EXPENDITURE	1 dod/Beverage Expense	utside of Texas. Complete Schedule T. TX, officeholder living expense pd/Drinks		
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	02/19/2024	Pearsall			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$76.99	221 S. Interstate 35			
		Pearssall, TX 78061			
	PURPOSE OF EXPENDITURE	Travel in District	utside of Texas. Complete Schedule T. TX, officeholder living expense		
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	02/16/2024	Pena, Emilio			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$1,200.00	7310 Westville Dr			
	Ψ1,200.00	TOTO Westville Bi			
		San Antonio, TX 78227			
	PURPOSE OF	a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	/tavertising Expense	utside of Texas. Complete Schedule T. TX, officeholder living expense		
		Voter Outread			
		1000.000.000			
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held		

### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 13/22 Rpt: 20/29	Castellano, Cecilia (Mrs.) 00087851	
4	Date	5 Payee name	
	02/23/2024	Pena, Emilio	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,200.00	7310 Westville Dr	
		San Antonio, TX 78227	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Voter Outreach	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	1	
	Date	Payee name	
	02/10/2024	Pit Stop	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$9.60	101 E Leona St.	
		Dilley, TX 78017	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Volunteer Food/Drinks	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
	Date	Payee name	_
	02/18/2024	Pleasanton Food Mart	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$29.44	924 W Oaklawn	
		Pleasanton, TX 78064	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense  Fuel	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
			_

### SCHEDULE F1

**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 Office Overhead//Rental Expense Transportation Equipment & Related Expense Transportation Equipment & Related Expense Travel in District  - Gift/Awards/Memorials Expense Printing Expense Travel out of District - Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
_	Sch: 14/22 Rpt: 21/29	Castellano, Cecilia (Mrs.)
4	Date	5 Payee name
	02/02/2024	Prestige Printing
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,773.00	8 Burwood Ln San Antonio, TX 78216
8	PURPOSE 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  Printing
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/09/2024	Prestige Printing
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,773.00	8 Burwood Ln San Antonio, TX 78216
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Printing
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/16/2024	Prestige Printing
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,044.00	8 Burwood Ln
		San Antonio, TX 78216
	PURPOSE 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  Printing
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

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

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 15/22 Rpt: 22/29	Castellano, Cecilia (Mrs.) 00087851
4	Date	5 Payee name
	02/23/2024	Prestige Printing
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,773.00	8 Burwood Ln
		San Antonio, TX 78216
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Printing
		Filling
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	Date	Davida nama
	02/02/2024	Payee name Professional Campaign Services
	Amount (\$)	Payee address; City; State; Zip Code
	\$5,700.00	5 Turin Ct
		San Antonio, TX 78257
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Voter Outreach
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	02/09/2024	Professional Campaign Services
	Amount (\$)	Payee address; City; State; Zip Code
	\$5,900.00	5 Turin Ct
	, - ,	
		San Antonio, TX 78257
	PURPOSE	I and
	OF	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Voter Outreach
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	7

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 16/22 Rpt: 23/29	Castellano, Cecilia (Mrs.) 00087851
4	Date	5 Payee name
L	02/16/2024	Professional Campaign Services
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5,600.00	5 Turin Ct
		San Antonio, TX 78257
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Voter Outreach
		Voici Guireach
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	02/23/2024	Professional Campaign Services
H	Amount (\$)	Payee address; City; State; Zip Code
	\$5,600.00	5 Turin Ct
		San Antonio, TX 78257
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Voter Outreach
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	02/24/2024	Professional Campaign Services
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,332.37	5 Turin Ct
		San Antonio, TX 78257
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Texting Services
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
$\vdash$		
ı		

### SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment  The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
	Sch: 17/22 Rpt: 24/29	Castellano, Cecilia (Mrs.)			00087851	
4	Date	5 Payee name				
	02/10/2024	Rachel Means				
6	Amount (\$)	7 Payee address; City; State; Zip Code	е			
	\$1,681.00	208 N. 5th St.				
		Carrizo Springs, TX 78834				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b	<b>b)</b> Desc	cription		
	OF EXPENDITURE	Office Overhead/Rental Expense	C	check if travel outsid		
	LAFLINDITORL			Check if Austin, TX,	officeholder living	g expense
			Ren	it & Utilities		
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht		Office he	old.
9	expenditure to benefit C/O		IIL		Office fit	siu
_	Data					
	Date	Payee name				
	02/09/2024	Raod Ranger				
	Amount (\$)	Payee address; City; State; Zip Code	е			
	\$54.68	9977 N IH 35				
		Moore, TX 78057				
	PURPOSE OF	,	b) Desc			
	EXPENDITURE	Travel In District		Check if travel outsid Check if Austin, TX,		
			Fuel			, - , -
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht		Office he	eld
	expenditure to benefit C/O	1				
	Date	Payee name				
	02/12/2024	San Antonio Express News				
	Amount (\$)	Payee address; City; State; Zip Code	e			
	\$159.60	Avenue E and Third Street				
		SAN ANTONIO, TX 78205				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b	<b>b)</b> Desc	cription		
	OF EXPENDITURE	Office Overhead/Rental Expense		heck if travel outsid	le of Texas. Com	plete Schedule T.
	EXPENDITURE	·		Check if Austin, TX,	officeholder living	gexpense
			Sub	scription		
	Complete ONLY if direct	Condidate/Officeholder parts	ht		Office	7ld
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sough	H		Office he	eiu

### SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to co	mple	ete this form.		
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
l	Sch: 18/22 Rpt: 25/29	Castellano, Cecilia (Mrs.)		00087851		
4	Date	5 Payee name		<b>'</b>		
l	02/05/2024	Shell Oil				
6	Amount (\$)	7 Payee address; City; State; Zip Co	de			
l	\$67.67	Loop 410				
l						
l		Pearsall, TX 78242				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description		
l	OF EXPENDITURE	Travel In District		Check if travel outside of Texas. Complete Schedule T.		
l				Check if Austin, TX, officeholder living expense Fuel		
				i dei		
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held		
ľ	expenditure to benefit C/OI		9	Since hold		
⊨	Date	Payee name				
l	02/09/2024	Shell Oil				
⊢	Amount (\$)	Payee address; City; State; Zip Co	de			
l	\$3.00	1901 Hwy 83	uo			
l	40.00					
		Crystal City, TX 78839				
H	PURPOSE	-	(h)	Description		
l	OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(2)	Check if travel outside of Texas. Complete Schedule T.		
l	EXPENDITURE	. coa/zeverage z/penee		Check if Austin, TX, officeholder living expense		
				Volunteer Food/Drinks		
L				25		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office held		
┡						
l	Date	Payee name				
L	02/10/2024	Star food Mart				
	Amount (\$)	Payee address; City; State; Zip Co	de			
l	\$36.05	15206 Main St.				
		Lutto TV 70052				
┡		Lytle, TX 78052				
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description  Check if travel outside of Texas. Complete Schedule T.		
l	EXPENDITURE	Travel In District		Check if Austin, TX, officeholder living expense		
				Fuel		
L						
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held		
L	expenditure to benefit C/OI	1				

### SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to comp	lete this form.			
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
	Sch: 19/22 Rpt: 26/29	Castellano, Cecilia (Mrs.)	00087851			
4	Date	5 Payee name	<u> </u>			
	02/14/2024	Star food Mart				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$37.55	15206 Main St.				
		Lytle, TX 78052				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description Description			
	OF EXPENDITURE	Travel In District	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense			
			Fuel			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held			
	expenditure to benefit C/O	1				
	Date	Payee name				
	02/01/2024	Start Food Mart				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$31.22	15206 Main St.				
		Lylte, TX 78052				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	) Description			
	OF EXPENDITURE	Travel In District	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense			
			Fuel			
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held			
expenditure to benefit C/OH						
	Date	Payee name				
	02/19/2024	Stripes				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$41.71	4320 State Hwy 359				
		Laredo, TX 78043				
	PURPOSE OF	, ,	) Description			
	EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense			
			Volunteer Food/Drinks			
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held			
	expenditure to benefit C/OH					

### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
	Sch: 20/22 Rpt: 27/29	Castellano, Cecilia (Mrs.) 00087851					
4	Date	5 Payee name					
	01/30/2024	TXB					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$52.54	7045 North IH 35					
		Laredo, TX 78041					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense					
		Fuel					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI	1					
	Date	Payee name					
	02/17/2024	TXB					
	Amount (\$)	Payee address; City; State; Zip Code					
\$57.00 780 Carter St.							
		Asherton, TX 78827					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense					
		Fuel					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OH						
	Date	Payee name					
	02/01/2024	Tejano Democrats - Anna Cavazos					
	Amount (\$)	Payee address; City; State; Zip Code					
\$300.00 P.O. Box 451562							
		Laredo, TX 78045					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.					
		Check if Austin, TX, officeholder living expense  Laredo Debate					
		Laread Debate					
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI						

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to com	ple	te this form.			
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
	Sch: 21/22 Rpt: 28/29	Castellano, Cecilia (Mrs.)		00087851			
4	Date	5 Payee name		•			
	02/17/2024	The Backyard Kitchen					
6	Amount (\$)	7 Payee address; City; State; Zip Cod	le				
	\$28.75	973 Ave. H					
		Poteet, TX 78065					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description			
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE			Check if Austin, TX, officeholder living expense			
				Volunteer Food/Drinks			
Ļ	0 1: 0 1: 0			000			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	ht	Office held			
_							
	Date	Payee name					
	02/01/2024	Walmart					
	Amount (\$)	Payee address; City; State; Zip Cod	le				
	\$4.55	1151 US Hwy 90 E					
		Castroville, TX 78009					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description			
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense			
				Volunteer Food/Drinks			
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held			
	expenditure to benefit C/OH						
	Date	Payee name					
	02/01/2024	Walmart					
	Amount (\$)	Payee address; City; State; Zip Cod	le				
	\$44.14	1151 US Hwy 90 E					
		Castroville, TX 78009					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description			
	OF EXPENDITURE	Travel In District		Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITORE			Check if Austin, TX, officeholder living expense			
				Fuel			
	Complete ONII V if allow	Condidate /Office helder negree	la t	Office hald			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	nτ	Office held			

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

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

	Candidate/Officeholder/Political Committee Credit Card Payment		Legal Services Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form.				OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2 FILER NAM	Ē				3	Filer ID	(Ethics Commission	n Filers)
L	Sch: 22/22 Rpt: 29/29	Castellano	Cecilia (Mrs.)					00087851		
4	Date	5 Payee name	<b>!</b>							
	02/20/2024	Walmart								
6	Amount (\$)	<b>7</b> Payee addre	ess; City;	State; Zip C	ode					
	\$94.74	819 N Oak	St							
		Pearsall, T	X 78061							
8	PURPOSE OF	(a) Category (S	see Categories listed at the top	of this schedule)	(b)	Description				
	EXPENDITURE	Event Expe	ense			=		ide of Texas. Com , officeholder living		
						Event Supplie		, omeendaer name	гелреное	
9	Complete ONLY if direct		iceholder name	Office so	ught			Office he	eld	
	expenditure to benefit C/OI	H								
F	Date	Payee name								
	01/30/2024	Whataburg	er							
	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode					
	\$21.25	221 W Del	Mar							
		Laredo, TX	78041							
	PURPOSE	(a) Category (S	ee Categories listed at the top	of this schedule)	(b)	Description				
	OF EXPENDITURE	Food/Beve	rage Expense			<b>=</b>		ide of Texas. Com , officeholder living		
						Volunteer Foo			expense	
Volunteer Food/Diffics										
Complete ONLY if direct Candidate/Off			iceholder name	Office so	ught			Office he	eld	
	expenditure to benefit C/OH									
	Date	Payee name	<del></del>							
	02/21/2024	Yolie's Sea	khouse							
	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode					
	\$72.74	15111 N H	wy 83							
		Crystal City	v, TX 78839							
	PURPOSE	(a) Category (s	see Categories listed at the top	of this schedule)	(b)	Description				
	OF EXPENDITURE		rage Expense					ide of Texas. Com		
	ZAI ZAISTONZ					Check if Austin, Volunteer Foo		, officeholder living	expense	
						volunteer FO	ou/	כאווועס		
$\vdash$	Complete ONLY if direct	Candidate/Off	iceholder name	Office so	<u>l</u> ught			Office he	eld	
	expenditure to benefit C/OI			J25 00	J					
$\vdash$										
ᆫ										