FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00087798 13 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Mrs. Susana NAME Date Received **ELECTRONICALLY FILED** 07/15/2024 NICKNAME LAST **SUFFIX** Castillo CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** 4611 Bee Caves Rd. MAILING Amount Receipt # **ADDRESS** Suite 312 Change of Address West Lake Hills, TX 78746 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mrs. Griselda NAME NICKNAME LAST **SUFFIX** Ponce STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE **CAMPAIGN** APT / SUITE #; CITY; STATE: **TREASURER** 1212 E. Braker Ln. **ADDRESS** (Residence or Business) Austin, TX 78753 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 454-7700 **PHONE** REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) Х Х reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 02/25/2024 07/13/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year χ Primary Runoff Other 03/05/2024 General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE

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District Judge District 353

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 13

13 C / OH NAME	Castillo, Susana (Mrs	.)	14 Filer ID 00087798	(Ethics Commission Filers)					
15 NOTICE FROM POLITICAL COMMITTEE(S)	committees to support the reholder's knowledge or otice of such expenditures.								
Additional Pages	COMMITTEE TYPE	E COMMITTEE NAME							
Ш	GENERAL								
	_	COMMITTEE ADDRESS							
	SPECIFIC								
		COMMITTEE CAMPAIGN TREA	SURER NAME						
		COMMITTEE CAMPAIGN TREA	SURER ADDRESS						
16 CONTRIBUTION TOTALS			NS(OTHER THAN PLEDGES, LOANS, IONS MADE ELECTRONICALLY)	\$ 0.00					
		CAL CONTRIBUTIONS	ITEES OF LOANS)	\$ 70.85					
EXPENDITURE	(OTHER THAN 3. TOTAL UNITEM	\$ 0.00							
TOTALS	4 7074 0017	OAL EVENINE DEC	0.00						
	4. TOTAL POLIT	CAL EXPENDITURES		\$ 35,727.84					
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		ED AS OF THE LAST DAY OF THE	\$ 0.00					
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR		DING LOANS AS OF THE LAST DAY	\$ 468.13					
17 AFFIDAVIT		true and corre	irm, under penalty of perjury, that the acted and includes all information required (Election Code.						
			Mrs. Cupana Castilla						
			Mrs. Susana Castillo Signature of Candidate or Officeho	older					
AFFIX NO	TARY STAMP / SEAL AB	DVE							
Sworn to and subs	cribed before me, by the s	aid	, this the	day					
		rtify which, witness my hand and							
Signature of office	cer administering oath	Printed name of officer adm	inistering oath Title of office	er administering oath					

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

			3 of 13	}
	Susana (Mrs.)	19 Filer ID 00087798	(Ethics Commission Filers)	
20 SCHEDUL NAME OF	SUBTOTAL AMOUNT			
1. X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$ 70.	.85
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	
4.	SCHEDULE E(J): LOANS (JUDICIAL)		\$	
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$ 35,727	.84
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	\$	

M	ONET	ARY POLITICAL CO	NTRIBUTIC	ONS	SCHEDULE A(J)1
Th	e Instru	ction Guide explains how to	complete this fo	orm.	1 Total pages Schedule A(J)1: Sch: 1/1 Rpt: 4/13
2 FILI	ER NAME			3 Filer ID (Ethics Commission Filers)	
Cas	stillo, Sus	ana (Mrs.)			00087798
4 Dat	e	5 Full name of contributor	out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
02/	29/2024	Dawes, Jan			\$20.85
		6 Contributor address; City; State; Austin, TX 78752	Zip Code		
8 Cor	ntributor's I	Principal Occupation		9 Contributor's Job Title	
	tired	molpai Occupation		Retired	
		employer/law firm		11 Law firm of contributor's s	nouse (if any)
	tired	employemaw iiim		11 Law IIIII of Contributor 3 3	pouse (ii arry)
12 If co	ontributor i	s a child, law firm of parent(s) (if any)			
Dat	е	Full name of contributor	out-of-state PAC (ID#:_)	Amount of Contribution (\$)
03/	05/2024	Eckel, Hodgson			\$50.00
		Contributor address; City; State;	Zip Code		
		Austin, TX 78704			
Cor	ntributor's I	I Principal Occupation		Contributor's Job Title	
	orney			Attorney	
Cor	ntributor's e	employer/law firm		Law firm of contributor's s	pouse (if any)
Sel					, , , , , , , , , , , , , , , , , , , ,
If co	ontributor i	s a child, law firm of parent(s) (if any)			

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
-	Total pages Cabadula 51:	,
	Total pages Schedule F1:	
L	Sch: 1/8 Rpt: 5/13	Castillo, Susana (Mrs.) 00087798
4	Date	5 Payee name
	07/01/2024	Bank of America
6	Amount (\$)	7 Payee address; City; State; Zip Code
ľ	\$16.00	PO Box 15284
	Ψ10.00	1 O BOX 13204
		Wilmington, DE 19850
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Bank fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
—	Date	Payee name
	04/09/2024	
		Castillo, Susana
	Amount (\$)	Payee address; City; State; Zip Code
	\$10,000.00	4611 Bee Caves Rd
		Suite 312
		West Lake Hills, TX 78746
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Loan Repayment/Reimbursement Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		loan repayment
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· ·
_		
	Date	Payee name
	05/28/2024	Castillo, Susana
	Amount (\$)	Payee address; City; State; Zip Code
	\$8,000.00	4611 Bee Caves Rd
		Ste 312
		West Lake Hills, TX 78746
	DUDDOCE	1
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Loan Renayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		loan repayment
		iour repayment
L	Complete ONII V if alias -t	Condidate/Officeholder name Office cought
	Complete ONLY if direct expenditure to benefit C/OI	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 Committee

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 2/8 Rpt: 6/13	Castillo, Susana (Mrs.) 00087798
4	Date	5 Payee name
	07/13/2024	Castillo, Susana
6	Amount (\$) \$1,531.87	7 Payee address; City; State; Zip Code4611 Bee Caves Rd
	φ1,551.67	Ste 312
		West Lake Hills, TX 78746
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Loan Repayment/Reimbursement Loan Repayment/Reimbursement Correction Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		loan repayment
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
١	expenditure to benefit C/O	
-	Date	Payee name
	02/29/2024	Collective Campaigns
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$2,116.42	9901 Brodie Ln
		Ste 160 #1143
		Austin, TX 78748
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Campaign consulting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	02/29/2024	Collective Campaigns
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,130.25	9901 Brodie Ln
		Cto 160 #1142
ı		Ste 160 #1143
	DUDDOSE	Austin, TX 78748
	PURPOSE OF	Austin, TX 78748 (a) Category (See Categories listed at the top of this schedule) (b) Description
		Austin, TX 78748 (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
	OF	Austin, TX 78748 (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.
	OF EXPENDITURE	Austin, TX 78748 (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 Paid canvassing
	OF	Austin, TX 78748 (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 Paid canvassing Candidate/Officeholder name Office sought Office held
	OF EXPENDITURE Complete ONLY if direct	Austin, TX 78748 (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 Paid canvassing Candidate/Officeholder name Office sought Office held
	OF EXPENDITURE Complete ONLY if direct	Austin, TX 78748 (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 Paid canvassing Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions' Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment				_egal Services	·		/ages	s/Contract Labor		OTHER (enter a	strict a category not listed above)	
			The Instruction G	uiue expiains i	iow to co	mpie	ete this form.	_				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission	Filers)
	Sch: 3/8 Rpt: 7/13		Castillo, Sus	ana (Mrs.)						00087798		
4	Date	5	Payee name									
	02/29/2024		Collective Ca	ampaigns								
6	Amount (\$)	7	Payee address	s; City;	State;	Zip Co	de					
	\$3,395.78		9901 Brodie	Ln								
	•		Ste 160 #114	43								
			Austin, TX 78	_								
Ļ		<u> </u>										
8	PURPOSE OF	(a)		e Categories listed at		edule)	(b)	Description		df.T O	Calcadula T	
	EXPENDITURE		Salaries/Wag	ges/Contract L	.abor					officeholder livin	nplete Schedule T.	
								MMS texts	, 17,	Onicendiaer livin	g expense	
								mino toxto				
9	Complete ONLY if direct	Щ	Condidate/Offic	abaldar nama		office cour	abt			Office b	ald	
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offic	enoluei name	O	office sou	gni			Office h	eiu	
_		_										
	Date		Payee name									
	02/29/2024		Collective Ca	ampaigns								
	Amount (\$)		Payee address	s; City;	State;	Zip Co	de					
	\$378.94		9901 Brodie	Ln								
			Ste 160 #1143									
			Austin, TX 78	8748								
	PURPOSE	(2)					(h)	Description				
	OF	(۵)		e Categories listed at		edule)	(1)	Description Check if travel of	nutsi	de of Texas, Con	nnlete Schedule T	
	EXPENDITURE		Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense									
								Phone bank s	sys	tem		
	Complete ONLY if direct		Candidate/Offic	eholder name	0	Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date	1	Payee name									
	02/29/2024		Collective Ca	amnaigns								
		-			Ctata	7:- 0-	al a					
	Amount (\$)		Payee address		State;	Zip Co	ae					
	\$381.12		9901 Brodie									
			Ste 160 #114	43								
			Austin, TX 78	8748								
	PURPOSE	(a)	Category (See	e Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Salaries/Wag	ges/Contract L	.abor						nplete Schedule T.	
	EXI ENDITORE									officeholder livin	g expense	
								Sign placmer	ΙŢ			
	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offic	eholder name	0	office sou	ght			Office h	eld	
L	experiorale to belief C/Of	17										

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
-	Sch: 4/8 Rpt: 8/13	Castillo, Susana (Mrs.) 00087798
4	Date	5 Payee name
	03/26/2024	Collective Campaigns
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,466.00	9901 Brodie Ln
		Ste 160 #1143 Austin, TX 78748
8	PURPOSE	
ľ	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.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign consulting
_	0 1: 0:11.7.7.1.	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/26/2024	Collective Campaigns
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,619.32	9901 Brodie Ln
		Ste 160 #1143
		Austin, TX 78748
	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
		MMS texts
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/26/2024	Collective Campaigns
	Amount (\$)	Payee address; City; State; Zip Code
	\$278.95	9901 Brodie Ln
		Ste 160 #1143
		Austin, TX 78748
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Salaries / Wages / Contract Labor Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Paid canvassing
	Complete ONLY if direct expenditure to benefit C/OI	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 Committee

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 5/8 Rpt: 9/13	2 FILER NAME Castillo, Susana (Mrs.) 3 Filer ID (Ethics Commission Filers) 00087798
4	Date 03/26/2024	5 Payee name Collective Campaigns
8	Amount (\$) \$17.24	7 Payee address; City; State; Zip Code 9901 Brodie Ln Ste 160 #1143 Austin, TX 78748 (a) Category (See Categories listed at the top of this schedule) (b) Description
	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 Phone bank system
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 03/26/2024	Payee name Collective Campaigns
	Amount (\$) \$957.92	Payee address; City; State; Zip Code 9901 Brodie Ln Ste 160 #1143 Austin, TX 78748
	PURPOSE OF EXPENDITURE	(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 Poll Greeting
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 03/26/2024	Payee name Collective Campaigns
	Amount (\$) \$269.41	Payee address; City; State; Zip Code 9901 Brodie Ln Ste 160 #1143 Austin, TX 78748
	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 Sign placement
	Complete ONLY if direct expenditure to benefit C/O	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

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

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

Candidate/Officeholder/Political Committee Credit Card Payment			mmittee	Legal Service				Vages	c/Contract Labor		OTHER (enter a		sted above)
1	Total pages Schedule F1:	2	FILER NAM	E						3	Filer ID	(Ethics Cor	nmission Filers)
	Sch: 6/8 Rpt: 10/13		Castillo, Su		S.)						00087798		
4	Date	5	Payee name)									
	07/12/2024		Collective (Campaign:	S								
6	Amount (\$)	7	Payee addre	ess; Cit	y;	State;	Zip Co	de					
	\$402.15		9901 Brodi	e Ln									
			Ste 160 #1	143									
			Austin, TX	78748									
8	PURPOSE	(a)	Category (S	See Categories	listed at the top	of this sche	dule)	(b)	Description				
	OF EXPENDITURE		Salaries/W	ages/Cont	ract Labor	r					ide of Texas. Con		Т.
									Campaign co		, officeholder livin	g expense	
									Campaign co	,,,,	aiting		
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Off	ficeholder n	ame	Of	ffice sou	l ight			Office h	eld	
	Date		Payee name)									
	07/13/2024		Collective (Campaign	S								
┢	Amount (\$)		Payee addre	ess; Cit	y;	State;	Zip Co	ode					
	\$475.80		9901 Brodi	e Ln									
			Ste 160 #1	143									
			Austin, TX	78748									
┢	PURPOSE	(a)	Category (S	Con Catogorios	listed at the ten	of this school	dulo)	(b)	Description				
	OF	 ` ´	Salaries/W				uuie)	`´	_	outs	ide of Texas. Con	plete Schedule	T.
	EXPENDITURE			J					ш		, officeholder livin	g expense	
									Campaign co	ns	ulting		
L	Complete ONLY if direct		Candidate/Off	ficeholder n	ame	Ot	ffice sou	aht			Office h	eld	
	expenditure to benefit C/O							9					
	Date		Payee name)									
	03/26/2024		Facebook										
	Amount (\$)		Payee addre	ess; Cit	y;	State;	Zip Co	de					
	\$1,021.44		1 Hacker V	Vay									
			Menlo Park	k, CA 9402	25								
	PURPOSE OF	(a)	Category (S		listed at the top	of this sche	dule)	(b)	Description				
	EXPENDITURE		Advertising	Expense							ide of Texas. Con , officeholder livin		Т.
									Digital ads	i, IX	, omcenoider iivin	g expense	
									Digital aus				
\vdash	Complete ONLY if direct	L(Candidate/Off	ficeholder n	ame	Ot	ffice sou	<u>a</u> ht			Office h	eld	
	expenditure to benefit C/O		Canadato/OII			J.		.ar			J.1100 11	J.J	
\vdash													
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to comple	te this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 7/8 Rpt: 11/13	Castillo, Susana (Mrs.)	00087798
4	Date	5 Payee name	
	02/29/2024	Google LLC	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$15.35	1600 Amphitheatre Pkwy	
		Mountain View, CA 94043	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
			Campaign emails
			Campaign emails
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
3	expenditure to benefit C/OI		Office field
	Data		
	Date 03/04/2024	Payee name	
		Paragon Solutions	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$47.46	2141 E. Broadway Rd	
		Suite 202	
		Tempe, AZ 85282	
	PURPOSE OF	, ,	Description
	EXPENDITURE	Solicitation/Fundraising Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Donation fees
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	04/02/2024	Paragon Solutions	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$20.00	2141 E. Broadway Rd	
		Suite 202	
		Tempe, AZ 85282	
	PURPOSE		Description
	OF	Solicitation/Fundraising Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
			Donation fees
	Complete ONLY if direct expenditure to benefit C/OI	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 Comm

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services The Instruction (·		ages	/Contract Labor		OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)
	Sch: 8/8 Rpt: 12/13		Castillo, Sus	sana (Mrs.)						00087798	
4	Date	5	Payee name								
	02/27/2024		Worley Print	ting Company	Inc						
6	Amount (\$)	7	Payee address	ss; City;	State;	Zip Co	de				
	\$539.09		3217 North	IH 35							
		⊢	Austin, TX 7								
8	PURPOSE OF			e Categories listed at	the top of this sche	edule)	(b)	Description			
	EXPENDITURE		Advertising	Expense				ш		de of Texas. Com	
								Campaign lite		officeholder living	expense
								Campaignille	Jiai	iuic	
_											
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	0	office souç	ght			Office he	eld
	Date		Payee name								
	03/26/2024		Worley Print	ting Company	Inc						
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de				
	\$647.33		3217 North	IH 35							
			Austin, TX 7	'8722							
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	edule)	(b)	Description			
	OF EXPENDITURE		Advertising	Expense				ш		de of Texas. Com	
										officeholder living	expense
								Campaign lite	ziai	luie	
_	0 1: 0.11.7.7.1.	Ļ		1 11						0.00	
	Complete ONLY if direct expenditure to benefit C/OI		Jandidate/Offic	ceholder name	0	office souç	gnt			Office he	eia

		FORM C/OH - FR
	The Instruction Guide explains how to complete this form. ** Complete only if "Report Type" on page 1 is marked "Final Report" **	Page 13 of 13
1	C/OH NAME	2 Filer ID (Ethics Commission Filers)
	Castillo, Susana (Mrs.)	00087798
3	I do not expect any further political contributions or political expenditures in connection with my canc as a final report terminates my campaign treasurer appointment. I also understand that I may not ac campaign expenditures without a campaign treasurer appointment on file.	
	Mrs. Su	usana Castillo
	Signature of Ca	andidate / Officeholder
4	FILER WHO IS NOT AN OFFICEHOLDER ** Complete A & B below only if you are not an officeholder ** A CAMPAIGN FUNDS	
	Check only one:	
	X I do not have unexpended contributions or unexpended interest or income earned from poli	tical contributions.
	I have unexpended contributions or unexpended interest or income earned from political co convert unexpended political contributions or unexpended interest or income earned on political understand that I must file an annual report of unexpended contributions and that I may not unexpended interest or income earned on political contributions longer than six years after must dispose of unexpended political contributions and unexpended interest or income earn with the requirements of Election Code 254.204.	itical contributions to personal use. I also retain unexpended contributions or filing this report. Further, I understand that I
	B ASSETS	
	Check only one:	
	$\overline{\mathbf{X}}$ I do not retain assets purchased with political contributions or interest or other income from	political contributions.
	I do retain assets purchased with political contributions or interest or other income from political convert assets purchased with political contributions or interest or other income from political understand that I must dispose of assets purchased with political contributions in accordance 254.204.	al contributions to personal use. I also
	Mrs. Su	usana Castillo
	Signatur	re of Candidate
5	OFFICEHOLDER	
	** Complete this section only if you are an officeholder **	
	I am aware that I remain subject to filing requirements applicable to an officeholder who doe also aware that I will be required to file reports of unexpended contributions if, after filing the retain political contributions, interest or other income from political contributions, or assets printerest or other income from political contributions.	e last required report as an officeholder, I
	Signatur	e of Officeholder