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 Co	ommission Filers)		2 Total pages file	
3 CANDIDATE /	MS / MRS / MR	FIRST			MI	OFFICE U	ISE ONLY
OFFICEHOLDER NAME	Mrs.	Cecilia					
INAIVIE						Date Received	
						ELECTRONICA	LLY FILED
	NICKNAME	LAST			SUFFIX	07/15/2024	
		Castellano					
4 CANDIDATE /	ADDDECC / DO DOV. ADT	/CUITE#: CI	T\/.		710 0005	Date Hand-delivered or	Data Bastmarked
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT	/ SUITE #; CIT	IY;		ZIP CODE	Date Hand-delivered of	Date Postillarked
MAILING	430 Savannah Heights					Receipt #	Amount
ADDRESS						Receipt #	Amount
Change of Address	Von Ormy, TX 78073					Date Processed	
🗀						Date Processed	
						Date Imaged	
F. CAMPAICN	MC (MDC (MD	FIDCT			M		
5 CAMPAIGN TREASURER	MS / MRS / MR	FIRST			MI		
NAME	Mrs.	Cecilia					
	NICKNAME	LAST		•••••	SUFFIX		
		Castellano					
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE):		APT / SUITE :	#; CITY;	STA	TE; ZIP CODE
TREASURER	20956	DOX (711 1 7 00112	<i>n</i> , 0111,	0171	12, 211 0002
ADDRESS							
(Residence or Business)	Somerset Rd						
	Somerset, TX 78069						
7 CAMPAIGN	AREA CODE PHON	IE NUMBER	EXTENSION	1			
TREASURER		IE NUMBER	EVIENSION				
PHONE	(210) 365-6663						
8 REPORT TYPE		7		-	_	1	
ITPE	January 15	30th day before	e election	Runoff		15th day after cam appointment (office	
	X July 15	38th day before	election [Exceeded	modified	Final Report (Attac	
		_ our day belove	L	reporting li		I ma report (taa	311 37311111)
9 PERIOD	Month Day Year			Mo	nth Dov	Year	
COVERED	Month Day Year 05/19/2024	TI	HROUGH	IVIO	,		
	05/19/2024	''	пкообп		06/30/2024	+	
40 ELECTION	FI FOTION DATE	<u> </u>		F: F6-	10N T/25		
10 ELECTION	ELECTION DATE		5.4		ION TYPE	□ o::	
	Month Day Year	L '	Primary	Run	off	Other	
	11/05/2024		General	Spe	cial		
				ш			
11 OFFICE	OFFICE HELD (if any)	I		12 OFFI	CE SOUGHT	(if known)	
	None					ative District 80	
				State		5 5 15 11 10 100	
		GO T	TO PAGE	2			
L							

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 20

13 C / OH NAME	Castellano, Cecilia (N	Mrs.)	14 Filer ID (E 00087851	Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditures may have been made without to difficeholders are required to report this information	the candidate's or officel	holder's knowledge or
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 THAI ES OF LOANS, OR CONTRIBUTIONS MADE ELEC		\$ 2,237.32
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	6)	\$ 6,137.32
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES		\$ 312.00
	4. TOTAL POLITIC	CAL EXPENDITURES		\$ 28,435.18
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LA RIOD	AST DAY OF THE	\$ 41,180.07
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS ITING PERIOD	OF THE LAST DAY	\$ 170,000.00
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	ler
AFFIX NO	TARY STAMP / SEAL AB	OVE		
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 office	cer administering	Printed name of officer administering	Title of officer	administering oath

SUBTOTALS - C/OH

FORM C/OH **COVER SHEET PG 3**

				3 of 20		
18 FILER NAME 19 Filer ID (Ethics Commission Filers) Castellano, Cecilia (Mrs.) 00087851						
20 SCHEDULE SU NAME OF SCH			SUBTOTAL	AMOUNT		
1. X SO	CHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	6,137.32		
2. X SC	CHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00		
3. X SC	CHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00		
4. X SC	CHEDULE E: LOANS		\$	50,000.00		
5. X SC	CHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$	28,435.18		
6. X SC	CHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00		
7. X SC	CHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$	0.00		
8. X SC	CHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00		
9. X SC	CHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	0.00		
10. SC	CHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (OF C/OH	\$			
11. SC	CHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$			
	CHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS FOR SILER	RETURNED	\$			
			•			

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruction Guide explains how to complete this form.					Total pages Schedule A1: Sch: 1/2 Rpt: 4/20	
2	FILER NAME Castellano, C	Cecilia (Mrs.)			3	Filer ID (Ethics Commission 00087851	on Filers)
4	Date 05/22/2024	5 Full name of contributor [Cadena, Eduardo6 Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)	7	Amount of Contribution (\$)	\$250.00
_	Detectional	San Antonio, TX 78216	lo.	Frankrije (Gradenskinski			
8	Manager	pation / Job title (See Instructions)	9	Employer (See Instructions Chain & Chain Construc		1 LLC	
	Date 05/28/2024	Full name of contributor [Charter Schools Now PAC Contributor address; City; Sta	out-of-state PAC (ID#:te; Zip Code)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	Austin, TX 78704 pation / Job title (See Instructions)		Employer (See Instructions)		
	,	,			,		
	Date 06/07/2024	Full name of contributor [Chincanchan, David Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$250.00
		Austin, TX 78744					
	Principal occu Policy Direct	pation / Job title (See Instructions) or		Employer (See Instructions Workers Defense Action		und	
	Date Full name of contributor out-of-state PAC (ID#:) 05/31/2024 Collins, Karen Contributor address; City; State; Zip Code Austin, TX 78756		,		Amount of Contribution (\$)	\$500.00	
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed)		
	Date Full name of contributor out-of-state PAC (ID#:) Garza, Oscar Contributor address; City; State; Zip Code San Antonio, TX 78201			Amount of Contribution (\$)	\$750.00		
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Self-Employed)		
			•				

MONETARY POLITICAL CONTRIBUTIONS						SCHEDULE A1		
	The Instruction Guide explains how to complete this form.					Total pages Schedule A1: Sch: 2/2 Rpt: 5/20		
2	FILER NAME Castellano, C	Cecilia (Mrs.)			3	Filer ID (Ethics Commission 00087851	n Filers)	
4	Date 05/22/2024			7	Amount of Contribution (\$)	\$250.00		
8	Principal occup	San Antonio, TX 78216 pation / Job title (See Instructions	s)	Employer (See Instructions Ortiz Law Offices	<u> </u> s)			
	Date 06/13/2024	Full name of contributor Texas Dental Association Contributor address; City; S Austin, TX 78704				Amount of Contribution (\$)	\$500.00	
	Principal occupation / Job title (See Instructions) Employer (See Instructions)				<u>l</u> 6)			
	Date 06/06/2024	Full name of contributor Tubbs, Charles Gordon Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$100.00	
		La Pryor, TX 78472 pation / Job title (See Instructions	s)	Employer (See Instructions	<u> </u> s)			
	Date 06/01/2024	Full name of contributor Vormelker, Eric Contributor address; City; S Austin, TX 78752		Retired		Amount of Contribution (\$)	\$100.00	
	Principal occup Technical Co	pation / Job title (See Instructions pordinator	5)	Employer (See Instructions Texas Health and Huma	•	Services Commission		
	Date Full name of contributor out-of-state PAC (ID#:) 05/27/2024 Wilson, Robert Contributor address; City; State; Zip Code San Antonio, TX 78258		•	Amount of Contribution (\$)	\$200.00			
	Principal occup Attorney	pation / Job title (See Instructions	5)	Employer (See Instructions Sanchez & Wilson	s)			

PLE	DGED CONTRIBU	ΓIONS			SCHEDULE E	3
т	he Instruction Guide exp	lains how to comple	ete this form.	1	Total pages Schedule B: Sch: 1/1 Rpt: 6/20	
2 FILER NAME Castellano, Cecilia (Mrs.)				3	Filer ID (Ethics Commission Filers) 00087851	
<u></u>	. OF UNITEMIZED PLEDG	ES			\$	0.00
5 Date	6 Full name of pledgor7 Pledgor Address;	out-of-state PAC (ID# City; State; Zip Code		8	Amount of pledge (\$) In-kind description (If applicable)	
40.51 1 1			Taa	[Check if travel outside of Texas. Complete Scheo	Jule T
10 Principal	occupation / Job title (See Instruc	ctions)	11 Employer (See Ins	structi	ons)	

	LOANS					SCHEDULE E
	The Instruction	n Guide explains how to	complete this f	orm.		ges Schedule E: 2 Rpt: 7/20
2	FILER NAME Castellano, Ceci	lia (Mrs.)			3 Filer ID 000878	(Ethics Commission Filers)
4	TOTAL OF UN	ITEMIZED LOANS				\$ 0.00
5	Date of loan 05/25/2024	7 Name of lender Castellano, Cecilia (Mrs.)	out-of-state PA	C (ID#:)	9 Loan Amount (\$) \$5,000.00
6	Is lender a financial institution?	8 Lender address; City; Von Ormy, TX 78703	State;	Zip Code		10 Interest Rate 0.00 11 Maturity Date 05/24/2026
12		on / Job title (See Instructions)		13 Employer (See Instructions		00/2-1/2020
14	Description of Coll	ateral		Azteca Designs and Co 15 Check if personal funds we		into political account (See Instructions)
16	GUARANTOR INFORMATION X not applicable	17 Name of guarantor 18 Guarantor address; City;	State;	Zip Code		19 Amount Guaranteed (\$)
20	Principal occupation) on		21 Employer (See Instructions	s)	
	Date of loan	Name of lender	out-of-state PA	.C (ID#:)	Loan Amount (\$)
	05/30/2024	Castellano, Cecilia (Mrs.)				\$15,000.00
	Is lender a financial institution?	Lender address; City;	State;	Zip Code		Interest Rate 0.00 Maturity Date
	110	Von Ormy, TX 78703				05/29/2026
	Principal occupation	on / Job title (See Instructions)		Employer (See Instructions) Azteca Designs and 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	8)	

	LOANS				SCHEDULE E
	The Instruction	nges Schedule E: 2 Rpt: 8/20			
2	FILER NAME Castellano, Cec	ilia (Mrs.)		3 Filer ID 000878	(Ethics Commission Filers)
4	TOTAL OF UN	NITEMIZED LOANS		1	\$ 0.00
5	Date of loan 06/25/2024	7 Name of lender	AC (ID#:)	9 Loan Amount (\$) \$30,000.00
6	Is lender a financial institution?	8 Lender address; City; State;	Zip Code		10 Interest Rate 0.00
	No	Von Ormy, TX 78703			11 Maturity Date 06/24/2026
12	Principal occupation	on / Job title (See Instructions)	13 Employer (See Instruction: Azteca Designs and Co		
14	Description of Col	lateral	15 Check if personal funds we		•
40	X None	Laz Niene of memories			(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	<u>l</u> on	21 Employer (See Instructions	s)	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Travel in District Travel Out of District

Solicitation/Fundraising Expense

Transportation Equipment & Related Expense Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense 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: 1/12 Rpt: 9/20 Castellano, Cecilia (Mrs.) 00087851 4 Date Payee name 06/21/2024 3D SIGNS 6 Amount (\$) Payee address; City; State; Zip Code \$650.00 7986 1st Street Somerset, TX 78069 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. Printing Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Political Signs Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/21/2024 7-Eleven Amount (\$) Payee address; City; State; Zip Code \$76.65 19525 McDonald Lytle, TX 78052 **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 05/24/2024 7-Eleven Amount (\$) Payee address: City: State; Zip Code \$45.09 19525 McDonald St. Lytle, TX 78052 **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

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 Committee

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:	2 FILER NAME 3 Filer ID (Ethic	cs Commission Filers)
	Sch: 2/12 Rpt: 10/20	Castellano, Cecilia (Mrs.) 00087851	
4	Date	5 Payee name	
	05/26/2024	7-Eleven	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$40.96	19525 McDonald	
		Lylte, TX 78052	
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 Sc	
	LXI LINDITORE	Check if Austin, TX, officeholder living expens	e
		Fuel	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
9	Complete ONLY if direct expenditure to benefit C/OI		
_			
	Date	Payee name	
	06/08/2024	Circle K	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$28.70	7008 Gateway Blvd	
		El Paso, TX 79915	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Sc	
		Fuel	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	DH	
	Date	Payee name	
	06/07/2024	Destination El Paso Parking	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$13.00		
		El Paso, TX 79901	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Travel Out of District Check if travel outside of Texas. Complete Science Check if travel outside of Texas. Complete Science Check if travel outside of Texas.	hedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expens	e
		Parking	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experiulture to beliefit C/OI	211	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ertising Expense 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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
-	Total pages Cabadula 54:		_
1	Total pages Schedule F1: Sch: 3/12 Rpt: 11/20	2 FILER NAME Castellano, Cecilia (Mrs.) 3 Filer ID (Ethics Commission Filers) 00087851	
4	Date	5 Payee name	_
-		I say to make	
	05/24/2024	El Taquito Adan	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$69.83	3819 San Bernado	
		Laredo, TX 78041	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Food/Beverage Expense	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Volunteer Food/Drinks	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
"	expenditure to benefit C/O		
L			
	Date	Payee name	
	05/28/2024	El Taquito Adan	
_	Amount (\$)	Payee address; City; State; Zip Code	
	` ,		
	\$113.25	3819 San Berdardo	
		Laredo, TX 78041	
_	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	
		Voluntees: 1 cours in the	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experiulture to benefit C/Oi		
	Date	Payee name	
	05/24/2024	Fuel America	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$90.15	23183 I-35	
		Encinal, TX 78019	
	DUDDOOF		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	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	H	

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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: 4/12 Rpt: 12/20	Castellano, Cecilia (Mrs.) 00087851
4	Date	5 Payee name
	06/08/2024	Kent Kwik Kent Oil, Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$28.83	3301 W Dickerson B
		Ft. Stockton, TX 79735
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fuel
		i uci
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Dete	
	Date	Payee name
	06/06/2024	Loves #700
	Amount (\$)	Payee address; City; State; Zip Code
	\$44.28	3880 Loop 467
		Sonora, TX 76950
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fuel
		i uci
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	5 .	
	Date	Payee name
	05/24/2024	McDonald's
	Amount (\$)	Payee address; City; State; Zip Code
	\$32.65	201 W Del Mar
		Laredo, TX 78045
	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/Dilliks
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

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	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: 5/12 Rpt: 13/20	Castellano, Cecilia (Mrs.) 00087851
4	Date	5 Payee name
	06/11/2024	Means, Rachel
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$650.00	208 N. 5th St.
		Carrizo Springs, TX 78834
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		Office Overhead
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experiulture to benefit C/Or	
	Date	Payee name
	05/23/2024	Miguelito's Mexican Grill & Cantina
	Amount (\$)	Payee address; City; State; Zip Code
	\$76.01	101 Petry Pl
	Ψ10.01	1011 Guy 11
		Carrizo Springs, TX 78834
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	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/O	-
	Date	Payee name
	05/24/2024	Pena, Emilio
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,734.00	7310 Westville Dr
	, ,	
		San Antonio, TX 78227
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Salaries/Wages/Contract Labor
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Phonebank
L		
	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 Loan Repayment/Reimbu

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

Credit Card Payment	The Instruction Guide explains how to complete this form.	(effici a category flot listed above)
1 Total pages Schedule F1:	2 FILER NAME 3 Filer II) (Ethics Commission Filers)
Sch: 6/12 Rpt: 14/20	Castellano, Cecilia (Mrs.) 0008	7851
4 Date	5 Payee name	
05/23/2024	Pilot	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$69.03	1045 US-83	
	Carrizo Springs, TX 78834	
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 Tex	
	Check if Austin, TX, officehol	der living expense
	- ruei	
Complete ONLY if direct	Condidate/Officeholder name Office courts	ffice held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI		nice neid
Date	Payee name	
05/24/2024	Professional Campaign Services	
Amount (\$)	Payee address; City; State; Zip Code	
\$500.00	5 Turin Ct	
	San Antonio, TX 78257	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Salaries/Wages/Contract Labor	
EXPENDITORE	Check if Austin, TX, officehol	der living expense
	Early Voting GOTV	
Complete ONLY if direct expenditure to benefit C/O		ffice held
Date	Payee name	
05/25/2024	Professional Campaign Services	
Amount (\$)	Payee address; City; State; Zip Code	
\$6,495.00	5 Turin Ct	
	San Antonio, TX 78257	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF	Salaries/Wages/Contract Labor Check if travel outside of Tex	as. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officehol	der living expense
	Early Voting GOTV	
Complete ONLY if direct	U	ffice held
expenditure to benefit C/O	חת	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	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: 7/12 Rpt: 15/20	Castellano, Cecilia (Mrs.) 00087851		
4	Date	5 Payee name		
	05/28/2024	Professional Campaign Services		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$461.60	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 Autocalls		
		Autocais		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
ľ	expenditure to benefit C/O			
\vdash	Date	Payee name		
	05/28/2024	Professional Campaign Services		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$2,800.00	5 Turin Ct		
		San Antonio, TX 78257		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
		Election Day GOTV		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/O			
	Date	Payee name		
	05/28/2024	Professional Campaign Services		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$500.00	5 Turin Ct		
	Ψ500.00	3 Tuliii Ct		
		San Antonio, TX 78257		
	DUDDO05			
	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		
		Election Day GOTV		
	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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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: 8/12 Rpt: 16/20	Castellano, Cecilia (Mrs.) 00087851
4	Date	5 Payee name
	05/29/2024	Professional Campaign Services
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	5 Turin Ct
		San Antonio, TX 78257
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Election Day GOTV
		Election Day GOT V
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Date	Payao namo
	05/29/2024	Payee name Professional Campaign Services
	Amount (\$)	Payee address; City; State; Zip Code
	\$900.00	5 Turin Ct
		San Antonio, TX 78257
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Election Day GOTV
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	05/30/2024	Professional Campaign Services
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,600.00	5 Turin Ct
	, , , , , , , , , , , , , , , , , , , ,	
		San Antonio, TX 78257
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Election Day GOTV
_	Complete ONLY if direct	Condidate/Officeholder name Office equality Office hald
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

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

	Candidate/Officeholder/Politica Credit Card Payment	Al 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: 9/12 Rpt: 17/20	Castellano, Cecilia (Mrs.) 00087851	
4	Date	5 Payee name	
	05/30/2024	Professional Campaign Services	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$2,200.00	5 Turin Ct	
		San Antonio, TX 78257	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Election Day GOTV	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
L	expenditure to benefit C/OI		
	Date	Payee name	
	05/31/2024	Professional Campaign Services	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,300.00	5 Turin Ct	
		San Antonio, TX 78257	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Election Day GOTV	
┢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	H	
	Date	Payee name	
	06/03/2024	Professional Campaign Services	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,000.00	5 Turin Ct	
		San Antonio, TX 78257	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Election Day GOTV	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
\vdash			

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 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: 10/12 Rpt: 18/20	Castellano, Cecilia (Mrs.) 00087851
4	Date	5 Payee name
	06/03/2024	Professional Campaign Services
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$850.00	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
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Social Media
0	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/Ol	
	Data	
	Date	Payee name
	06/03/2024	Professional Campaign Services
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,298.28	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
		Texting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	y
	Date	Payee name
	05/28/2024	Pump N Shop
	Amount (\$)	Payee address; City; State; Zip Code
	\$59.44	3419 San Dario St
	Ψ55.44	5415 Sun Builo St
		Laredo, TX 78040
	DUDDOCE	<u> </u>
	PURPOSE OF	(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.
	EXPENDITURE	Travel in district Check if Austin, TX, officeholder living expense
		Fuel Fuel
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ertising Expense Event Expense Loan Repayment/Reimbu

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

l	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: 11/12 Rpt: 19/20	Castellano, Cecilia (Mrs.)		00087851
4	Date	5 Payee name		
Ļ	05/22/2024	Solansky Welding & Plumbing Inc.		
6	Amount (\$) \$20.13	7 Payee address; City; State; Zip Cor 501 W Zavala St.	de	
	Ψ20.13	301 W Zavaia 3t.		
		Crystal City, TX 78839		
8	PURPOSE		(b)	Description
	OF EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Supplies
				•
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sout	ght	Office held
L	expenditure to benefit C/Oi			
	Date	Payee name		
L	05/28/2024	Stripes		
	Amount (\$) \$31.10	Payee address; City; State; Zip Co 19525 McDonald St	de	
	φ31.10	19323 McDollaid St		
		Lytle, TX 78052		
H	PURPOSE	· · · · · · · · · · · · · · · · · · ·	(b)	Description
	OF 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	Candidate/Officeholder name Office sout	ght	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	05/22/2024	TXB 85		
	Amount (\$) \$59.72	Payee address; City; State; Zip Co	de	
	\$59.72	1901 HWy 83		
		Crystal City, TX 78839		
┝	PURPOSE		(b)	Description
	OF 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	Candidate/Officeholder name Office sout	ght	Office held
	expenditure to benefit C/OI	1		

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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

l	Credit Card Payment	The Instruction Guide explains how to cor	-	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	_	3 Filer ID (Ethics Commission Filers)
	Sch: 12/12 Rpt: 20/20	Castellano, Cecilia (Mrs.)		00087851
4	Date	5 Payee name		· ·
	05/20/2024	TXB		
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de	
	\$44.85	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.
	EXPENDITURE			Check if Austin, TX, officeholder living expense
				Fuel
Ļ	2 2			
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office souç	ght	Office held
┕	·			
	Date	Payee name		
L	06/30/2024	Walmart		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$137.48	8538 Interstate Hwy 35 S		
		San Antonio, TX 78211		
	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 4th of July Parade
				4ar or only 1 drade
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sou	tht	Office held
	expenditure to benefit C/O		g	S. Host Hold
H	Date	Payee name		
	05/22/2024	Yolie's Restaurant		
┝	Amount (\$)	Payee address; City; State; Zip Coo	de.	
	\$103.15	15111 N Hwy 83	uc	
	Ψ100.10	13111 W 1 W 9 0 0		
		Crystal City, TX 78839		
L	DUDDOCE		/b\	
	PURPOSE OF	,	(D)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense		Check if Austin, TX, officeholder living expense
				Volunteer Food/Drinks
	Complete ONLY if direct	Candidate/Officeholder name Office sout	ght	Office held
	expenditure to benefit C/O	1		