CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| ⊨ | | | | 1 Filer ID | | 2 Total pages f | filed: |
|----------|-----------------------------|------------------------------|-----------------|----------------------------|--------------------|----------------------------|----------------------|
| | | Guide explains how to comple | | (Ethics Commis 00087851 | | | 49 |
| 3 | CANDIDATE / OFFICEHOLDER | MS / MRS / MR | FIRST | | MI | OFFICE | USE ONLY |
| | NAME | Mrs. | Cecilia | | | Date Received | |
| | | | | | | ELECTRONIC | ALLY FILED |
| | | | | | | 10/28/2024 | |
| | | NICKNAME | LAST | | SUFFIX | 10/20/2024 | |
| | | | Castellano | | | | |
| 4 | CANDIDATE / | ADDRESS / PO BOX; APT / | / SUITE #; CIT | Ύ; | ZIP CODE | Date Hand-delivered | or Date Postmarked |
| | OFFICEHOLDER | 430 Savannah Heights | | | | | |
| | MAILING ADDRESS | | | | | Receipt # | Amount |
| | Change of Address | Van Ormy TV 70072 | | | | | |
| | Change of Address | Von Ormy, TX 78073 | | | | Date Processed | |
| | | | | | | | |
| | | | | | | Date Imaged | |
| | | | | | | | |
| 5 | CAMPAIGN | MS / MRS / MR | FIRST | | MI | | |
| | TREASURER NAME | Mrs. | Cecilia | | | | |
| | | | | | | | |
| | | NICKNAME | LAST | | SUFFIX | | |
| | | | Castellano | | | | |
| | | | | | | | |
| 6 | CAMPAIGN | STREET ADDRESS (NO PO | BOX PI EASE). | ΔΡ | r / SUITE #; CITY; | | ATE; ZIP CODE |
| ľ | TREASURER | 20956 Somerset Rd | BOX FLEASE), | | 1730IL#, CITT, | 51 | ATE, ZIF CODE |
| | ADDRESS | 20950 Somerset Ru | | | | | |
| | (Residence or Business) | | | | | | |
| | | Somerset, TX 78069 | | | | | |
| | | | | | | | |
| 7 | CAMPAIGN | AREA CODE PHON | E NUMBER | EXTENSION | | | |
| ľ | TREASURER | | | LATENSION | | | |
| | PHONE | (210) 365-6663 | | | | | |
| 8 | REPORT | | | | | | |
| ° | TYPE | January 15 | 30th day before | | Runoff | 1 15th day after ca | ampaign treasurer |
| | | | | | | appointment (off | |
| | | July 15 | 8th day before | election | Exceeded modified | Final Report (At | tach C/OH-FR) |
| | | | - | | reporting limit | - | |
| 9 | PERIOD | Month Day Year | | | Month Day | Year | |
| | COVERED | 09/27/2024 | Tł | HROUGH | 10/26/2024 | 4 | |
| | | | | | | | |
| 10 | ELECTION | ELECTION DATE | | | ELECTION TYPE | | |
| | | Month Day Year | | Primary | Runoff | Other | |
| | | 11/05/2024 | | General | Special | | |
| | | | | Seneral | | | |
| | | | | | | (;f] | |
| $ ^{11}$ | OFFICE | OFFICE HELD (if any) | | | 12 OFFICE SOUGHT | | |
| | | None | | | State Representa | alive District 80 | |
| L | | | | | | | |
| | | | | | | | |
| 1 | | | | | | | |
| 1 | | | GO 1 | TO PAGE 2 | | | |
| | rme provided by Te | xas Ethics Commission | ABARAI OF | hics.state.tx.u | c | Ver | sion V4.1.0.48da51f7 |
| r-0 | ms provided by Te | λα3 ∟11103 C0111111881011 | www.et | ວ.ວເαເປ.เx.U | 3 | vers | 5011 V4.1.0.40UdJ11/ |

CANDIDATE / OFFICEHOLDER REPORT: **SUPPORT & TOTALS**

FORM C/OH **COVER SHEET PG 2** 2 of 49

| 13 C / OH NAME | Castellano, Cecilia (N | 1rs.) | 14 Filer ID (E 00087851 | Ethics Commission Filers) |
|--|----------------------------------|---|----------------------------|---------------------------|
| 15 NOTICE FROM POLITICAL COMMITTEE(S) | candidate / officeholder. | political contributions accepted or political expenditure These expenditures may have been made without the I officeholders are required to report this information | he 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 | S | |
| | | | | |
| 16 CONTRIBUTION TOTALS | | ZED POLITICAL CONTRIBUTIONS (OTHER THAN ES OF LOANS, OR CONTRIBUTIONS MADE ELEC | | \$ 460.00 |
| | | AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS |) | \$ 45,441.15 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEM | ZED POLITICAL EXPENDITURES | | \$ 1,153.74 |
| | 4. TOTAL POLITIC | AL EXPENDITURES | | \$ 90,325.95 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITIC REPORTING PE | AL CONTRIBUTIONS MAINTAINED AS OF THE LA RIOD | AST DAY OF THE | \$ 21,458.40 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIP OF THE REPOR | AL AMOUNT OF ALL OUTSTANDING LOANS AS (TING PERIOD | OF THE LAST DAY | \$ 170,000.00 |
| 17 AFFIDAVIT | | I swear, or affirm, under penalty true and correct and includes all under Title 15, Election Code. | | |
| | | Mrs. C | Cecilia Castellano | |
| | | Signature of | Candidate or Officehold | ler |
| AFFIX NC | TARY STAMP / SEAL AB | DVE | | |
| Sworn to and subs | cribed before me, by the s | aid | , this the | day |
| | | ertify which, witness my hand and seal of office. | | |
| Signature of offi | cer administering | Printed name of officer administering | Title of officer | administering oath |
| Forms provided by Te | exas Ethics Commission | www.ethics.state.tx.us | N | Version V4.1.0.48da51f7 |

| SUB | FOTALS - C/OH | C | FORM C/OH OVER SHEET PG 3 3 of 49 |
|------------------------|--|-------------------------|---|
| 18 FILER N Castella | AME no, Cecilia (Mrs.) | 19 Filer ID 00087851 | (Ethics Commission Filers) |
| | LE SUBTOTALS = SCHEDULE | | SUBTOTAL AMOUNT |
| 1. X | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ 44,335.20 |
| 2. X | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ 1,105.95 |
| 3. | SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ |
| 4. | SCHEDULE E: LOANS | | \$ |
| 5. X | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | 6 | \$ 90,325.95 |
| 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 | DNS | \$ |
| 12. | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F | RETURNED | \$ |
| | | | |

| SCHEDULE | A1 |
|----------|----|
|----------|----|

| | The Instru | ction Guide explains how to complete this | form. | 1 | Total pages Schedule A1: Sch: 1/29 Rpt: 4/49 | |
|---|----------------|---|------------------------------|----|---|-----------|
| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commission | n Filers) |
| | Castellano, (| Cecilia (Mrs.) | | | 00087851 | |
| 4 | Date | 5 Full name of contributor Out-of-state PAC (ID# | #:) | 7 | Amount of Contribution (\$) | |
| | 09/27/2024 | Abbott, Adam | | | | \$5.00 |
| | | 6 Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| | | Colleyville, TX 76034 | | | | |
| 8 | Principal occu | ipation / Job title (See Instructions) | 9 Employer (See Instructions | 5) | | |
| | Not Employe | ed | Not Employed | | | |
| | Date | Full name of contributor out-of-state PAC (ID# | +:) | | Amount of Contribution (\$) | |
| | 10/04/2024 | Acevedo, Fidel | | | | \$25.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| | | Austin, TX 78728 | | | | |
| | Principal occu | <pre>upation / Job title (See Instructions)</pre> | Employer (See Instructions | 5) | | |
| | Not Employe | ed | Not Employed | | | |
| | Date | Full name of contributor out-of-state PAC (ID# | #:) | | Amount of Contribution (\$) | |
| | 10/05/2024 | Adams, Chris | | | | \$4.55 |
| | | Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | | | | | | |
| | | Washington, DC 20012-2617 | 1 | | | |
| | | ipation / Job title (See Instructions) | Employer (See Instructions | | | |
| | Software De | veloper | The Library Of Congres | s | | |
| | Date | Full name of contributor Dut-of-state PAC (ID# | #:) | | Amount of Contribution (\$) | |
| | 10/11/2024 | Albert, Jennifer | | | | \$35.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| | | CAMARILLO, CA 93012-4067 | 1 | | | |
| | | ipation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Sales | | Tech | | | |
| | Date | Full name of contributor Out-of-state PAC (ID# | #:) | | Amount of Contribution (\$) | |
| | 10/18/2024 | Allen-Savietta, Cora | | | | \$1.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| | | Austin, TX 78752 | 1 | | | |
| | | ipation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Statistician | | Berry Consultants | | | |
| | | | | | | |
| 1 | | | | | | |

| | The Instru | ction Guide explains how to co | nplete this for | m. | 1 | Total pages Schedule A1: Sch: 2/29 Rpt: 5/49 | |
|---|----------------------|---|--------------------|------------------------------------|----------------|---|--------------------|
| 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commissio | on Filers) |
| | Castellano, (| Cecilia (Mrs.) | | | | 00087851 | |
| 4 | Date | 5 Full name of contributor out-c | of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | |
| | 10/25/2024 | Baggs, Aaron | | | | | \$10.00 |
| | | 6 Contributor address; City; State; Zip | Code | | | | |
| | | | | | | | |
| | | | | | | | |
| L | <u> </u> | Pinole, CA 94564 | | | Ĺ | | |
| 8 | Principal occu MD | pation / Job title (See Instructions) | 9 | Employer (See Instructions TPMG | 5) | | |
| | | | | - | | | |
| | Date | — | of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 10/10/2024 | Baker, Samuel | | | | | \$250.00 |
| | | Contributor address; City; State; Zip | Code | | | | |
| | | | | | | | |
| | | Austin, TX 78723-5397 | | | | | |
| ⊢ | Princinal occu | pation / Job title (See Instructions) | | Employer (See Instructions | <u> </u> נו | | |
| | Teacher | | | University Of Texas | <i>''</i> | | |
| ╞ | Date | Full name of contributor | | | | Amount of Contribution (\$) | |
| | 10/21/2024 | Balderas, Hugo | of-state PAC (ID#: |) | | | \$3,500.00 |
| | 10/21/2024 | Contributor address; City; State; Zip | Codo | | | | φ 0 ,000.00 |
| | | | Code | | | | |
| | | | | | | | |
| | | Pearland, TX 77581 | | | | | |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | ;) | | |
| | Attorney | | | Hugo Balderas Ibarra | | | |
| | Date | Full name of contributor | of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 10/12/2024 | Barajas, Mitsy | | | | | \$5.00 |
| | | Contributor address; City; State; Zip | Code | | | | |
| | | | | | | | |
| | | | | | | | |
| | | Phoenix, AZ 85048 | | | | | |
| | | pation / Job title (See Instructions) | | Employer (See Instructions | 5) | | |
| | Manager | | | Technip | | | |
| | Date | | of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 10/12/2024 | Barg, Irl | | | | | \$100.00 |
| | | Contributor address; City; State; Zip | Code | | | | |
| | | | | | | | |
| | | Austin, TX 78701 | | | | | |
| ⊢ | Principal occu | pation / Job title (See Instructions) | 1 | Employer (See Instructions | <u> </u> ປ | | |
| | Not Employe | | | Not Employed | ') | | |
| ⊢ | | | | | | | |
| | | | | | | | |

| | The Instruc | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 3/29 Rpt: 6/49 | |
|---|----------------|--|------------------------------|--------------|---|-----------|
| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commission | n Filers) |
| | | Cecilia (Mrs.) | | | 00087851 | , |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID#:_ |) | 7 | Amount of Contribution (\$) | |
| | 10/10/2024 | Barnes, Bonner | | | | \$250.00 |
| | | 6 Contributor address; City; State; Zip Code | | 1 | | |
| | ļ | | | | | |
| | ļ | | | | | |
| | | Houston, TX 77008 | | | | |
| 8 | - | pation / Job title (See Instructions) | 9 Employer (See Instructions | | | |
| | Investment A | \dvisor | Cord Investment Manag | gen | ient Llc | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | Ī | Amount of Contribution (\$) | |
| | 10/12/2024 | Bazzle, Cheryl | | | | \$25.00 |
| | ļ | Contributor address; City; State; Zip Code | | 1 | | |
| | ļ | | | | | |
| | ļ | | | | | |
| | | Dallas, TX 75206 | | | | |
| | | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Not Employe | | Not Employed | _ | | |
| | Date | |) | | Amount of Contribution (\$) | |
| | 10/03/2024 | Bhatt, Bhuvanesh | | | | \$40.00 |
| | ļ | Contributor address; City; State; Zip Code | |] | | |
| | ļ | | | | | |
| | ļ | San Antonio, TX 78240 | | | | |
| ┝ | Dringing occu | pation / Job title (See Instructions) | Employer (See Instructions | <u> </u> | | |
| | Software Dev | | Wolfram Research | 5) | | |
| ╞ | | · | | . | Δ | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | ቀ100 00 |
| | 10/14/2024 | Blake, Herbert | | | | \$100.00 |
| | ļ | Contributor address; City; State; Zip Code | | | | |
| | ļ | | | | | |
| | | Cedar Hill, TX 75104 | | | | |
| ⊢ | Principal occu | I pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Not Employe | 2d | Not Employed | | | |
| ⊨ | Date | Full name of contributor out-of-state PAC (ID#:_ |) | Г | Amount of Contribution (\$) | |
| | 10/26/2024 | Brodsky, Nina | | | | \$2.50 |
| | ł | Contributor address; City; State; Zip Code | | 1 | | |
| | ļ | | | | | |
| | ļ | | | | | |
| | | Austin, TX 78731 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Bookkeeper | And Artist | Self | | | |
| | | | • | | | |
| | | | | | | |

| SCHEDULE | A1 |
|----------|----|
|----------|----|

| | The Instru | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 4/29 Rpt: 7/49 | |
|----------|----------------|---|------------------------------|----------------|---|------------|
| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commission | on Filers) |
| | Castellano, (| Cecilia (Mrs.) | | | 00087851 | |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | |
| | 09/27/2024 | Calvert, Tommy | | | | \$133.00 |
| | | 6 Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| | | San Antonio, TX 78219 | | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions | 5) | | |
| | County Com | missioner | Bexar County | | | |
| F | Date | Full name of contributor out-of-state PAC (ID#:_ |) | | Amount of Contribution (\$) | |
| | 10/04/2024 | Calvert, Tommy | | | | \$1,500.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| | | San Antonio, TX 78219 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | . ;) | | |
| | County Com | missioner Bexar County | Bexar County | | | |
| F | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 10/05/2024 | Campaign, Molly for Texas | | | (*) | \$1,000.00 |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | Houston, TX 77266 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Not Employe | ed | Not Employed | | | |
| F | Date | Full name of contributor Out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 10/15/2024 | Cantu, Sonja | | | | \$25.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| | | Cambridge, MA 02141 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Psychologist | t | Marigold Charitable Tru | st I | nc | |
| F | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 10/13/2024 | Carranza, Susana | | | | \$5.00 |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 1 | | Austin, TX 78701 | | | | |
| \vdash | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | ;) | | |
| 1 | Chemical Er | ngineer | Makel Engineering Inc. | | | |
| ⊢ | | | | | | |
| 1 | | | | | | |

| _ | | | | | | |
|---|----------------|---|------------------------------|----|---|-----------|
| | The Instru | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 5/29 Rpt: 8/49 | |
| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commission | n Filers) |
| | Castellano, (| Cecilia (Mrs.) | | | 00087851 | , |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | |
| | 10/15/2024 | Chamberlin, Amy | | | | \$10.00 |
| | | 6 Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | | | | | | |
| | | Prairie Du Sac, WI 53578 | | | | |
| 8 | | pation / Job title (See Instructions) | 9 Employer (See Instructions | 5) | | |
| | Not Employe | :d | Not Employed | | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| | 10/04/2024 | Cones, Marian | | | | \$250.00 |
| | | Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | | | | | | |
| | | Houston, TX 77055 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Retired | | Retired | | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 10/13/2024 | Conroy, Steve | | | | \$15.00 |
| | | Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | | | | | | |
| | | Willis, TX 77318 | | | | |
| | - | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Not Employe | :d | Not Employed | | | |
| F | Date | Full name of contributor out-of-state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| | 10/06/2024 | Crawford, Marshall | | | | \$10.00 |
| | | Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | | | | | | |
| | | Hot Springs, NC 28743 | | | | |
| | | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Merchant | | Earth Guild | | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| | 10/17/2024 | Crawford, Marshall | | | | \$18.18 |
| | | Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | | | | | | |
| | | Hot Springs, NC 28743 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Merchant | | Earth Guild | | | |
| | | | | | | |
| | | | | | | |

| | The Instruc | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 6/29 Rpt: 9/49 | |
|---|----------------|--|--|---------------|---|--------------|
| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commission | n Filers) |
| | Castellano, C | Cecilia (Mrs.) | | | 00087851 | |
| 4 | Date | 5 Full name of contributor Out-of-state PAC (ID#:_ |) | 7 | Amount of Contribution (\$) | |
| | 10/10/2024 | Cristobal, Katherine | | | | \$25.00 |
| | | 6 Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| | | Austin, TX 78726 | | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions | <u> </u> | | |
| | Librarian | | University | | | |
| ⊨ | Date | Full name of contributor out-of-state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| | 10/08/2024 | Cruz, Joe |) | | | \$350.00 |
| | 10/00/2024 | | | | | φ330.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | Batesville, TX 78829 | | | | |
| ⊢ | Princinal occu | pation / Job title (See Instructions) | Employer (See Instructions | <u> </u> ນ | | |
| | County Com | | Zavala County | , | | |
| | | | | <u> </u> | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | #0.00 |
| | 10/08/2024 | Davis, Jennifer | | | | \$2.09 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | Austin, TX 78728 | | | | |
| L | Dringing ago | | Employer (Cap Instructions | $\frac{1}{1}$ | | |
| | Self | pation / Job title (See Instructions) | Employer (See Instructions Pilgrimage | 5) | | |
| | Jell | | Filghinage | _ | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 10/23/2024 | Devore, Michael | | | | \$9.09 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| | | Naperville, IL 60540 | | | | |
| | | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Not Employe | d | Not Employed | | | |
| | Date | Full name of contributor out-of-state PAC (ID#:_ |) | | Amount of Contribution (\$) | |
| | 10/26/2024 | Diehl, D L Chris | | | | \$10.00 |
| | | Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | | | | | | |
| | | Mercer Island, WA 98040 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Physician | | Group Health Permaner | nte | | |
| ⊢ | | | I | | | |
| 1 | | | | | | |

| The Instru | ction Guide explains how to complete th | is form. | 1 Total pages Schedule A1: | |
|------------------|---|------------------------------|--------------------------------------|----------|
| | | | Sch: 7/29 Rpt: 10/49 | <u> </u> |
| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers | 5) |
| Castellano, (| | | 00087851 | |
| 4 Date | | D#:) | 7 Amount of Contribution (\$) | 0.00 |
| 10/13/2024 | Dimston, David | | \$250 | 0.00 |
| | 6 Contributor address; City; State; Zip Code | | | |
| | | | | |
| | Austin, TX 78746 | | | |
| 8 Principal occu | I pation / Job title (See Instructions) | 9 Employer (See Instructions |) | |
| Not Employe | | Not Employed | | |
| Date | Full name of contributor Out-of-state PAC (| D#:) | Amount of Contribution (\$) | |
| 10/15/2024 | Eskridge, Nancy | | \$100 | 0.00 |
| | Contributor address; City; State; Zip Code | | | |
| | | | | |
| | | | | |
| | Austin, TX 78745 | | | |
| Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | |
| Not Employe | ed | Not Employed | | |
| Date | Full name of contributor 🔲 out-of-state PAC (I | D#:) | Amount of Contribution (\$) | |
| 10/02/2024 | Estes, Diane | | \$25 | 5.00 |
| | Contributor address; City; State; Zip Code | | | |
| | | | | |
| | Berkeley, CA 94709 | | | |
| Bringinal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | |
| Not Employe | | Not Employed |) | |
| Date | | | Amount of Contribution (\$) | |
| 10/04/2024 | Full name of contributor out-of-state PAC (I Eureste, Bernardo | D#:) | Amount of Contribution (\$) \$100 | 0 00 |
| 10/04/2024 | Contributor address; City; State; Zip Code | | ¢10(| 0.00 |
| | Contributor address, City, State, Zip Code | | | |
| | | | | |
| | Houston, TX 77036-5224 | | | |
| Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | |
| Not Employe | ed | Not Employed | | |
| Date | Full name of contributor out-of-state PAC (I | D#:) | Amount of Contribution (\$) | |
| 10/14/2024 | Fernandez, Jose T | | \$30 | 0.00 |
| | Contributor address; City; State; Zip Code | | | |
| | | | | |
| | | | | |
| | Uvalde, TX 78801 | | | |
| - | pation / Job title (See Instructions) | Employer (See Instructions |) | |
| Retired | | Retired | | |
| | | | | |

| | The Instru | ction Guide explains how to complete t | this fo | rm. | 1 | Total pages Schedule A1: Sch: 8/29 Rpt: 11/49 | |
|---|--|---|----------|------------------------------|-----------------------------|--|------------|
| 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commissio | on Filers) |
| | Castellano, C | Cecilia (Mrs.) | | | | 00087851 | , |
| 4 | Date 5 Full name of contributor Image: out-of-state PAC (ID#:) | | | 7 | Amount of Contribution (\$) | | |
| | 10/10/2024 | Fine, Mary Ellen | | | | | \$4.16 |
| | 6 Contributor address; City; State; Zip Code | | | 1 | | | |
| | ł | | | | | | |
| | ł | | | | | | |
| | | Austin, TX 78745 | <u> </u> | | Ļ | | |
| 8 | | pation / Job title (See Instructions) | 9 | 9 Employer (See Instructions | 5) | | |
| | Retired | | | None | | | |
| | Date | Full name of contributor 🔲 out-of-state PAC | C (ID#: |) | | Amount of Contribution (\$) | |
| | 10/13/2024 | Garcia, Domingo | | | | | \$1,000.00 |
| | | Contributor address; City; State; Zip Code | | | | | |
| | ł | | | | | | |
| | ł | | | | | | |
| | | dallas, TX 75247 | | | | | |
| | | pation / Job title (See Instructions) | | Employer (See Instructions | | ····· | |
| | Attorney | | | Law Offices Of Domingo | G | arcia | |
| | Date | |) (ID#: |) | | Amount of Contribution (\$) | |
| | 10/13/2024 | Garcia, Domingo | | | | | \$5,000.00 |
| | ļ | Contributor address; City; State; Zip Code | | | | | |
| | ļ | | | | | | |
| | ļ | | | | | | |
| | | dallas, TX 75247 | | | | | |
| | | pation / Job title (See Instructions) | | Employer (See Instructions | | | |
| | Attorney | | | Law Offices Of Domingo | | | |
| | Date | Full name of contributor 🗌 out-of-state PAC | C (ID#: |) | | Amount of Contribution (\$) | |
| | 10/13/2024 | Garcia, Domingo | | | | | \$4,000.00 |
| | | Contributor address; City; State; Zip Code | | | | | |
| | ł | | | | | | |
| | ł | | | | | | |
| | | dallas, TX 75247 | | | | | |
| | | pation / Job title (See Instructions) | | Employer (See Instructions | | | |
| | Attorney | | | Law Offices Of Domingo | G | arcia | |
| | Date | Full name of contributor out-of-state PAC | C (ID#: |) | | Amount of Contribution (\$) | |
| | 09/27/2024 | Garner, Steven | | | | | \$100.00 |
| | ļ | Contributor address; City; State; Zip Code | | | | | |
| | ļ | | | | | | |
| | | | | | | | |
| | | Concan, TX 78838 | | | | | |
| | | pation / Job title (See Instructions) | | Employer (See Instructions | 5) | | |
| | Sales | | | Self | | | |
| | | | | | | | |
| | | | | | | | |

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 9/29 Rpt: 12/49 FILER NAME Filer ID (Ethics Commission Filers) 2 3 Castellano, Cecilia (Mrs.) 00087851 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/10/2024 Garza, Oscar \$1,000.00 6 Contributor address; City; State; Zip Code San Antonio, TX 78201 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Not Employed Not Employed Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/11/2024 Gaupp, Andrew \$5.00 Contributor address; City; State; Zip Code Arlington, TX 76002 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Not Employed Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 10/16/2024 Gilbert, Douglas \$25.00 Contributor address; City; State; Zip Code Manor, TX 78653 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Not Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/05/2024 \$100.00 Gonzalez, Ricardo Contributor address; City; State; Zip Code San Antonio, TX 78253 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/07/2024 \$1,000.00 Goodwin, Vikki Contributor address; City; State; Zip Code Austin, TX 78739 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Real Estate** Goodwin & Goodwin Real Estate

| _ | | | | | | |
|---|----------------|--|------------------------------|----|---|-----------|
| | The Instru | ction Guide explains how to complete this | form. | 1 | Total pages Schedule A1: Sch: 10/29 Rpt: 13/49 | |
| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commission | n Filers) |
| | Castellano, (| Cecilia (Mrs.) | | | 00087851 | ŕ |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID#:) | | | Amount of Contribution (\$) | |
| | 10/12/2024 | Goss, Joyce | | | | \$250.00 |
| | | 6 Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | | | | | | |
| | | DALLAS, TX 75201 | | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions | 5) | | |
| | Exec Directo | pr | Goss-Michael Foundation | on | | |
| | Date | Full name of contributor out-of-state PAC (ID# | | Γ | Amount of Contribution (\$) | |
| | 10/12/2024 | Grothues, Arnold | | | | \$50.00 |
| | | Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | | | | | | |
| | | Arlington, TX 76001-7554 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Not Employe | ed | Not Employed | | | |
| F | Date | Full name of contributor out-of-state PAC (ID# | :) | Γ | Amount of Contribution (\$) | |
| | 10/15/2024 | Gutierrez, Jose A | | | • • | \$100.00 |
| | | Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | | | | | | |
| | | Apple Valley, CA 92308 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Real Estate | | Self | | | |
| ⊨ | Date | Full name of contributor out-of-state PAC (ID# | *) | Γ | Amount of Contribution (\$) | |
| | 10/06/2024 | HARTUNG, STEPHEN | | | | \$120.00 |
| | | Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | | | | | | |
| | | Deer Park, TX 77536 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Not Employe | ed | Not Employed | | | |
| F | Date | Full name of contributor out-of-state PAC (ID# | *) | | Amount of Contribution (\$) | |
| | 09/27/2024 | Harding, Barry | | | | \$6.00 |
| | | Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | | | | | | |
| | | Houston, TX 77005 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Not Employe | ed | Not Employed | | | |
| | | | | | | |
| I | | | | | | |

| | The Instru | ction Guide explains how | to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 11/29 Rpt: 14/49 | |
|---|--|---|-------------------------|------------------------------|----------------|---|------------|
| 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commissio | on Filers) |
| - | Castellano, Cecilia (Mrs.) | | | | 00087851 | | |
| 4 | Date 5 Full name of contributor Image: out-of-state PAC (ID#:) | | |) | 7 | Amount of Contribution (\$) | |
| | 10/13/2024 | Hartzell, Eric | | | | | \$25.00 |
| | | 6 Contributor address; City; State; Zip Code | | | 1 | | |
| | | | | ſ | | | |
| | | Austin, TX 78722 | | | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | ;) | 9 Employer (See Instructions | <u> </u> | | |
| | Planner | | | Grantworks | | | |
| ⊨ | Date | Full name of contributor | out-of-state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| | 10/01/2024 | Hawkins, Barbara | | | | () | \$1,000.00 |
| | | Contributor address; City; Sta | | | | | |
| | | | uto, <u></u> p 0001 | | | | |
| | | | | | | | |
| | | San Antonio, TX 78218 | | | | | |
| | Principal occu | pation / Job title (See Instructions) | (ز | Employer (See Instructions | 5) | | |
| | State Repres | sentative | | Texas | | | |
| | Date | Full name of contributor | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 09/30/2024 | Hernandez, Patricia | — | | | | \$10.00 |
| | | Contributor address; City; Sta | ate; Zip Code | | 1 | | |
| | | | | | | | |
| | | | | | | | |
| | | Live Oak, TX 78233 | | | | | |
| | | pation / Job title (See Instructions) | .) | Employer (See Instructions | 5) | | |
| | Retired | | | Retired | | | |
| | Date | Full name of contributor | out-of-state PAC (ID#:_ |) | Γ | Amount of Contribution (\$) | |
| | 10/26/2024 | Hill, Gretchen | | | | | \$50.00 |
| | | Contributor address; City; Sta | .ate; Zip Code | |] | | |
| | | | | | | | |
| | | Marranahura MO 64002 | | | | | |
| | Dringing ago | Warrensburg, MO 64093 Ipation / Job title (See Instructions) | | Employer (See Instructions | | | |
| | Not Employe | , |) | Not Employed | 5) | | |
| ╘ | | • | | | | | |
| | Date | Full name of contributor | out-of-state PAC (ID#:_ |) | | Amount of Contribution (\$) | ¢100.00 |
| | 10/11/2024 Hines, Kim | | | | | \$100.00 | |
| | | Contributor address; City; Sta | ate; Zip Code | | | | |
| | | | | | | | |
| | | Allen, TX 75002 | | | | | |
| ⊢ | Principal occu | pation / Job title (See Instructions) | ;) | Employer (See Instructions | <u> </u> ເ) | | |
| | Not Employe | | , | Not Employed | -, | | |
| - | | | | | | | |
| | | | | | | | |

| | The Instruc | ction Guide explains how to complete this f | 1 | Total pages Schedule A1: Sch: 12/29 Rpt: 15/49 | | |
|---|--|---|------------------------------|---|-----------------------------|----------------|
| 2 | 2 FILER NAME | | | 3 | Filer ID (Ethics Commission | n Filers) |
| | Castellano, (| Castellano, Cecilia (Mrs.) | | | 00087851 | , |
| 4 | Date 5 Full name of contributor Image: out-of-state PAC (ID#:) | | | 7 | Amount of Contribution (\$) | |
| | 10/12/2024 | Hodge, Nancy | | | | \$100.00 |
| | | 6 Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | Dallas, TX 75220 | | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions | <u>ا</u> | | |
| ľ | Not Employe | | Not Employed | 5) | | |
| | | | | Т | Amount of Contribution (\$) | |
| | Date 10/11/2024 | Full name of contributor out-of-state PAC (ID#: JOHNSON, JAMES |) | | AMOUNT OF CONTINUTION (9) | \$50.00 |
| | 10/11/2024 | | | | | ψυυ.υυ |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | DALLS, TX 75218 | | | | |
| | Principal occu | I Ipation / Job title (See Instructions) | Employer (See Instructions | s) | | |
| | Attorney | | Self | | | |
| ╞ | Date | Full name of contributor out-of-state PAC (ID#:_ |) | Τ | Amount of Contribution (\$) | |
| | 10/17/2024 | Jaklitsch, Brian | | | • . | \$4.55 |
| | | Contributor address; City; State; Zip Code | | · | | |
| | | | | | | |
| | | | | | | |
| | | Sayville, NY 11782 | | | | |
| | | pation / Job title (See Instructions) | Employer (See Instructions | | | |
| | Vice Preside | nt | J. Roderick Public Relat | tion | S | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 10/12/2024 | Johnson, George | | | | \$50.00 |
| | | Contributor address; City; State; Zip Code | |] | | |
| | | | | | | |
| | | Dallas, TX 75229 | | | | |
| - | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | <u> </u> ९) | | |
| | Attorney | | Self | 0) | | |
| ╞ | Date | Full name of contributor out-of-state PAC (ID#: | | Т | Amount of Contribution (\$) | |
| | 10/13/2024 | Johnson, Robert | / | | Allount of Contribution (4) | \$25.00 |
| | | Contributor address; City; State; Zip Code | | · | | 420.0 0 |
| | | Contributor address, Gity, State, Lip Sole | | | | |
| | | | | | | |
| | | Forest, VA 24551-2153 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | s) | | |
| | Retired | | None | | | |
| | | | | | | |
| | | | | | | |

| | The Instru | ction Guide explains how to complete this | form. | 1 | Total pages Schedule A1: Sch: 13/29 Rpt: 16/49 | |
|-----|---|---|------------------------------|-----|---|-----------|
| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commission | I Filers) |
| | Castellano, (| Cecilia (Mrs.) | | | 00087851 | , |
| 4 | Date 5 Full name of contributor out-of-state PAC (ID#:) | | | 7 | Amount of Contribution (\$) | |
| | 10/08/2024 | Johnston, Benjamin | | | | \$20.84 |
| | | 6 Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | | | | | | |
| | | Austin, TX 78705 | | | | |
| 8 | | pation / Job title (See Instructions) | 9 Employer (See Instructions | | | |
| | Librarian | | Austin Community Colle | ege | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 10/07/2024 | K, A | | | | \$2.27 |
| | | Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | | | | | | |
| | | Villanova, PA 19085 | i | | | |
| | | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Not Employe | d | Not Employed | | | |
| | Date | Full name of contributor out-of-state PAC (ID# |) | | Amount of Contribution (\$) | |
| | 10/13/2024 | Kassman, Russell | | | | \$36.00 |
| | | Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | | | | | | |
| | | San Antonio, TX 78213 | i | | | |
| | | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Not Employe | :d | Not Employed | | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 10/11/2024 | Katahara, Keith | | | | \$25.00 |
| | | Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | | | | | | |
| | | MCKINNEY, TX 75071 | i | | | |
| | • | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Not Employe | :d | Not Employed | | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 10/06/2024 | Kennedy, Brady | | | | \$20.00 |
| | | Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | | | | | | |
| | | Pleasanton, TX 78064 | | | | |
| | | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| L | Not Employe | d | Not Employed | | | |
| | | | | | | |
| I I | | | | | | |

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 14/29 Rpt: 17/49 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Castellano, Cecilia (Mrs.) 00087851 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/25/2024 King, Gareth \$1.00 6 Contributor address; City; State; Zip Code New York, NY 10040 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Environmental Engineer NYC Dep Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/13/2024 \$4.16 Kitchen`, Sara Contributor address; City; State; Zip Code Austin, TX 78756 Principal occupation / Job title (See Instructions) Employer (See Instructions) TSBVI Consultant Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/11/2024 LUJAN, MANUEL \$250.00 Contributor address; City; State; Zip Code Midland, TX 79705 Principal occupation / Job title (See Instructions) Employer (See Instructions) Bailbondsman Self Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/09/2024 \$25.00 LaGatella, Abby Contributor address; City; State; Zip Code Seabrook, TX 77586 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Not Employed Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/11/2024 \$20.00 Lansdowne, Paul Contributor address; City; State; Zip Code Midlothian, TX 76065 Principal occupation / Job title (See Instructions) Employer (See Instructions) Physician Self

| | The Instru | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 15/29 Rpt: 18/49 | |
|-----------|----------------------------|---|------------------------------|-----|---|------------|
| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commissio | on Filers) |
| | | Cecilia (Mrs.) | | | 00087851 | |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | |
| | 09/29/2024 | Lemmond, byron | | | | \$7.00 |
| | I | 6 Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | | | | | | |
| Ļ | | Katy, TX 77449-7504 | - · · · · · · · · · | Ĺ | | |
| 8 | | upation / Job title (See Instructions) | 9 Employer (See Instructions | ;) | | |
| L | Not Employe | | Not Employed | _ | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 10/12/2024 | Lennox, Lisa | | | | \$1,000.00 |
| | I | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| L | | Dallas, TX 75219 | 1 | | | |
| | | ipation / Job title (See Instructions) | Employer (See Instructions | ;) | | |
| L | Not Employe | :d | Not Employed | | | |
| Γ | Date | Full name of contributor out-of-state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| | 10/12/2024 | Licht, Eliot | | | | \$50.00 |
| | I | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| L | | Los Angeles, CA 91436 | 1 | | | |
| | | ipation / Job title (See Instructions) | Employer (See Instructions | ;) | | |
| L | Not Employe | 2d | Not Employed | | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| | 10/24/2024 | Lowder, Michael | | | | \$22.73 |
| | I | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| L | | Fort Worth, TX 76116 | - | | | |
| | | ipation / Job title (See Instructions) | Employer (See Instructions | ;) | | |
| | Not Employe | :d | Not Employed | | | |
| \square | Date | Full name of contributor out-of-state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| | 10/09/2024 MCDONALD, Susan | | | | | \$9.09 |
| | I | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| | | Washington, DC 20008 | | | | |
| | Principal occu | ipation / Job title (See Instructions) | Employer (See Instructions | | | |
| | Attorney | | US Securities & Exhcna | age | e Commission | |
| | | | | | | |
| | | | | | | |

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 16/29 Rpt: 19/49 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Castellano, Cecilia (Mrs.) 00087851 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/22/2024 Mack, Eugene \$100.00 6 Contributor address; City; State; Zip Code San Antonio, TX 78209 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Retired Retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/14/2024 \$50.00 Manduley, Linda Contributor address; City; State; Zip Code Richardson, TX 75080 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Not Employed Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 10/12/2024 Martin, Ramona \$25.00 Contributor address; City; State; Zip Code Blaine, WA 98230 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Not Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/11/2024 \$25.00 McGlaun, Todd Contributor address; City; State; Zip Code McKinney, TX 75071 Principal occupation / Job title (See Instructions) Employer (See Instructions) Tech Atos Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/13/2024 \$5.00 McKnight, Barbara Contributor address; City; State; Zip Code Austin, TX 78704 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Not Employed

| | The Instru | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 17/29 Rpt: 20/49 | |
|----------|--|---|------------------------------|----------------|---|-----------|
| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commission | n Filers) |
| - | | Cecilia (Mrs.) | | | 00087851 | |
| 4 | Date | 5 Full name of contributor Out-of-state PAC (ID#:_ |) | 7 | Amount of Contribution (\$) | |
| | 10/11/2024 | McMahan, Lance | | | | \$50.00 |
| | 6 Contributor address; City; State; Zip Code | | |] | | |
| | | | | | | |
| | | Orangevale, CA 95662 | | | | |
| Ļ | Drincinal occu | upation / Job title (See Instructions) | 9 Employer (See Instructions | | | |
| Ô | Engineer | | State Of California | S) | | |
| ⊢ | | | | 1 | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | ¢10.00 |
| | 10/13/2024 | Mellon, Robert | | | | \$10.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | Tucson, AZ 85701 | | | | |
| \vdash | Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | <u> </u> د) | | |
| | Programmer | | Self | 3) | | |
| ⊢ | Date | | | Т | Amount of Contribution (\$) | |
| | 10/08/2024 | Full name of contributor out-of-state PAC (ID#: Meyer, James |) | | | \$1.00 |
| | 10/00/2027 | | | | | Ψ1.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | Conroe, TX 77348 | | | | |
| ⊢ | Principal occu | I Ipation / Job title (See Instructions) | Employer (See Instructions | s) | | |
| | Not Employe | | Not Employed | | | |
| ⊨ | Date | Full name of contributor Out-of-state PAC (ID#: |) | Τ | Amount of Contribution (\$) | |
| | 10/12/2024 | Meyer, Peter | | | · · · · · · · · · · · · · · · · · · · | \$25.00 |
| | I | Contributor address; City; State; Zip Code | | · | | |
| | | | | | | |
| | | | | | | |
| | | Camas, WA 98607 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | s) | | |
| | Not Employe | €d | Not Employed | | | |
| ╞ | Date | Full name of contributor out-of-state PAC (ID#:_ |) | | Amount of Contribution (\$) | |
| | 10/25/2024 | Michael, Pat | | | | \$100.00 |
| | 1 | Contributor address; City; State; Zip Code | | · | | |
| | | | | | | |
| | | | | | | |
| | | Georgetown, TX 78626 | | | | |
| | Principal occu | ipation / Job title (See Instructions) | Employer (See Instructions | s) | | |
| | Retired | | Retired | | | |
| | | | | | | |
| | | | | | | |

| SCHEDULE | A1 |
|----------|----|
|----------|----|

| The Instru | ction Guide explains how to complete this f | form. | | Total pages Schedule A1: Sch: 18/29 Rpt: 21/49 | |
|--------------------|--|------------------------------|----------|---|-----------|
| 2 FILER NAME | | | | Filer ID (Ethics Commission | n Filers) |
| | Cecilia (Mrs.) | | | 00087851 | |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#:_ |) | 7 | Amount of Contribution (\$) | |
| 10/13/2024 | Milazzo, Kristal | | | | \$100.00 |
| | 6 Contributor address; City; State; Zip Code | | " | | |
| | | | | | |
| | | | | | |
| | Dallas, TX 75228 | | | | |
| 8 Principal occu | ipation / Job title (See Instructions) | 9 Employer (See Instructions | s) | | |
| Video Produ | lcer | Itutorgroup | | | |
| Date | Full name of contributor out-of-state PAC (ID#:_ |) | | Amount of Contribution (\$) | |
| 10/12/2024 | Muniz, Diana | | | | \$25.00 |
| | Contributor address; City; State; Zip Code | | · | | |
| | | | | | |
| | | | | | |
| | Dallas, TX 75380 | | | | |
| Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | s) | | |
| Settlement C | Officer | Government | | | |
| Date | Full name of contributor out-of-state PAC (ID#:_ | <u> </u> | Τ | Amount of Contribution (\$) | |
| 10/11/2024 | Nash, Carolyn | | | | \$50.00 |
| | | | | | + |
| | | | | | |
| | | | | | |
| | Austin, TX 78745 | | | | |
| Principal occu | I upation / Job title (See Instructions) | Employer (See Instructions | | | |
| Not Employe | | Not Employed | | | |
| Date | Full name of contributor Out-of-state PAC (ID#: | <u> </u> | T, | Amount of Contribution (\$) | |
| 10/22/2024 | Neil, Catherine | / | ' | | \$40.00 |
| 10/22/202 . | | | | | Ψ-0.00 |
| | Contributor address; City; State; Zip Code | | | | |
| | | | | | |
| | Dallas, TX 75248 | | | | |
| Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | l is) | | |
| Retired | | Retired | -, | | |
| | Full name of contributor Out-of-state PAC (ID#: | | 1 | Amount of Contribution (\$) | |
| Date 09/29/2024 | |) | ' | | \$200.00 |
| 0312312024 | | | | | φ200.00 |
| | Contributor address; City; State; Zip Code | | | | |
| | | | | | |
| | BEDFORD, TX 76021 | | | | |
| Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | | | |
| Pricing Mgr | | Applied Industrial Techr | | niec | |
| | | | | | |
| | | | | | |

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 19/29 Rpt: 22/49 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Castellano, Cecilia (Mrs.) 00087851 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/10/2024 Neverdowski, Stephanie \$2.27 6 Contributor address; City; State; Zip Code KATY, TX 77450-7552 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Not Employed Not Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/11/2024 \$50.00 Olsen, Lisa Contributor address; City; State; Zip Code Chaska, MN 55318 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Not Employed Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 10/11/2024 Palmer, James \$100.00 Contributor address; City; State; Zip Code Denver, CO 80246 Principal occupation / Job title (See Instructions) Employer (See Instructions) Consultant Self Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/30/2024 Payne, Benton \$4.55 Contributor address; City; State; Zip Code Dallas, TX 75206 Principal occupation / Job title (See Instructions) Employer (See Instructions) Consultant Mbp Advisors Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/14/2024 \$9.09 Payne, Benton Contributor address; City; State; Zip Code Dallas, TX 75206 Principal occupation / Job title (See Instructions) Employer (See Instructions) Consultant Mbp Advisors

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 20/29 Rpt: 23/49 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Castellano, Cecilia (Mrs.) 00087851 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/05/2024 Pieper, Raphael \$1.00 6 Contributor address; City; State; Zip Code Colorado Springs, CO 80920 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Massage Therapy Salon 21 Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) Date 10/25/2024 \$10,000.00 Powered by People PAC Contributor address; City; State; Zip Code El Paso, TX 79923 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 10/12/2024 Quittner, Claudia \$36.00 Contributor address; City; State; Zip Code Dallas, TX 75252 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Research Nurse** Ut Southwestern Medical Center Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/20/2024 \$50.00 ROMO, LAWRENCE Contributor address; City; State; Zip Code San Antonio, TX 78253 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Not Employed Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/20/2024 \$2.09 Raffaelli, Paulo Contributor address; City; State; Zip Code San Francisco, CA 94112 Principal occupation / Job title (See Instructions) Employer (See Instructions) Engineer Cisco Meraki

| | The Instru | ction Guide explains how to comple | ete this for | m. | 1 | Total pages Schedule A1: Sch: 21/29 Rpt: 24/49 | |
|---|----------------|--|--------------|----------------------------|----|---|------------|
| 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commissio | on Filers) |
| | Castellano, (| Cecilia (Mrs.) | | | | 00087851 | |
| 4 | Date | 5 Full name of contributor out-of-state | e PAC (ID#: |) | 7 | Amount of Contribution (\$) | |
| | 10/23/2024 | Ramirez, Alfredo | | | | | \$25.00 |
| | | 6 Contributor address; City; State; Zip Code | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | Sacramento, CA 95829 | | | | | |
| 8 | | pation / Job title (See Instructions) | 9 | Employer (See Instructions | 5) | | |
| | Auditor | | | State Of California | | | |
| | Date | Full name of contributor 🔲 out-of-state | e PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 10/14/2024 | Reed, Stynus | | | | | \$25.00 |
| | | Contributor address; City; State; Zip Code | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | Los Angeles, CA 90019 | | | | | |
| | | pation / Job title (See Instructions) | | Employer (See Instructions | 5) | | |
| | Not Employe | :d | | Not Employed | | | |
| | Date | Full name of contributor 🔲 out-of-state | • PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 10/18/2024 | Represent Texas | | | | | \$2,500.00 |
| | | Contributor address; City; State; Zip Code | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | Dallas, TX 78214 | | | | | |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | 5) | | |
| | | | | | | | |
| | Date | Full name of contributor out-of-state | e PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 10/13/2024 | Roberts, Carroll | | | | | \$100.00 |
| | | Contributor address; City; State; Zip Code | , | | | | |
| | | | | | | | |
| | | | | | | | |
| | | Dallas, TX 75214 | | | | | |
| | | pation / Job title (See Instructions) | | Employer (See Instructions | 5) | | |
| | Artist | | | Self | | | |
| Γ | Date | Full name of contributor 🔲 out-of-state | • PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 10/09/2024 | Robison, Cynthia | | | | | \$100.00 |
| | | Contributor address; City; State; Zip Code | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | Uvalde, TX 78801 | | | | | |
| | | pation / Job title (See Instructions) | | Employer (See Instructions | 5) | | |
| | Not Employe | :d | | Not Employed | | | |
| | | | | | | | |
| | | | | | | | |

| The Instru | ction Guide explains how to complete | e this form. | 1 Total pages Schedule A1: Sch: 22/29 Rpt: 25/49 |
|------------------|--|-----------------------------|---|
| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| | Cecilia (Mrs.) | | 00087851 |
| 4 Date | 5 Full name of contributor out-of-state PA | AC (ID#:) | 7 Amount of Contribution (\$) |
| 09/27/2024 | Rodriguez, Estella | | \$10.00 |
| | 6 Contributor address; City; State; Zip Code | | |
| | | | |
| | Laredo, TX 78043 | | |
| 8 Principal occu | upation / Job title (See Instructions) | 9 Employer (See Instruction | |
| Attorney | | Self | 6) |
| Date | Full name of contributor out-of-state PA | AC (ID#:) | Amount of Contribution (\$) |
| 10/19/2024 | Rodriguez, Roberta | | \$3.00 |
| | Contributor address; City; State; Zip Code | | |
| | | | |
| | | | |
| | Justin, TX 76247 | | |
| | upation / Job title (See Instructions) | Employer (See Instruction | is) |
| Project Man | ager | Teksystems | |
| Date | Full name of contributor out-of-state PA | AC (ID#:) | Amount of Contribution (\$) |
| 10/24/2024 | Rogers, Kathryn | | \$5.00 |
| | Contributor address; City; State; Zip Code | | |
| | | | |
| | Austin, TX 78757 | | |
| Principal occl | I upation / Job title (See Instructions) | Employer (See Instruction | ls) |
| Editor | | Self | |
| Date | Full name of contributor out-of-state PA | AC (ID#:) | Amount of Contribution (\$) |
| 10/15/2024 | Rushing, Christine | | \$50.00 |
| | Contributor address; City; State; Zip Code | | |
| | | | |
| | | | |
| | BURNET, TX 78611 | | |
| | upation / Job title (See Instructions) | Employer (See Instruction | IS) |
| Not Employe | | Not Employed | I |
| Date | Full name of contributor out-of-state PA | AC (ID#:) | Amount of Contribution (\$) |
| 10/12/2024 | 10/12/2024 Ryan, Mark | | \$100.00 |
| | Contributor address; City; State; Zip Code | | |
| | | | |
| | Plano, TX 75093 | | |
| Principal occu | upation / Job title (See Instructions) | Employer (See Instruction | ls) |
| Not Employe | ed | Not Employed | |
| | | I | |
| | | | |

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 23/29 Rpt: 26/49 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Castellano, Cecilia (Mrs.) 00087851 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/22/2024 Salazar, Placido 6 Contributor address; City; State; Zip Code Universal City, TX 78148 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Retired Retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 09/30/2024 Schneider, Joan Contributor address; City; State; Zip Code Seattle, WA 98106 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Not Employed Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 10/14/2024 Seibel, Mark Contributor address; City; State; Zip Code Dallas, TX 75219 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Not Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/11/2024 Sexton, Joe Contributor address; City; State; Zip Code Fort Worth, TX 76177 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Not Employed Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/12/2024 Sharpsteen, Vicky Contributor address; City; State; Zip Code Plano, TX 75075-3370 Principal occupation / Job title (See Instructions) Employer (See Instructions) Designer Wolters Kluwer

\$100.00

\$37.50

\$100.00

\$10.00

\$25.00

| The Instruction | Guide explains how to complete this fo | 1 | Total pages Schedule A1: Sch: 24/29 Rpt: 27/49 | | |
|--|---|-------------------------------|---|-----------------------------|---------|
| 2 FILER NAME | | | 3 | Filer ID (Ethics Commission | Filers) |
| Castellano, Cecilia | (Mrs.) | | | 00087851 | - |
| 4 Date 5 Ful | Il name of contributor out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | |
| | I, Alan | | | | \$22.73 |
| | 6 Contributor address; City; State; Zip Code | | | | |
| | | | | | |
| | | | | | |
| Lul | bbock, TX 79424-1705 | | | | |
| 8 Principal occupation / | / Job title (See Instructions) | 9 Employer (See Instructions) | ;) | | |
| Scientist | | Texas Tech University | | | |
| Date Ful | Il name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| 10/15/2024 Sm | nith, Curtis wade | | | | \$25.00 |
| Co | ntributor address; City; State; Zip Code | | | | |
| | | | | | |
| | | | | | |
| Sa | n Francisco, CA 94103 | | | | |
| Principal occupation / | / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| Psychotherapist | | Self | | | |
| Date Ful | Il name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| 09/27/2024 Sp | pain, Diana | | | | \$2.08 |
| Co | ntributor address; City; State; Zip Code | | | | |
| | | | | | |
| | | | | | |
| | ıstin, TX 78751 | | | | |
| | / Job title (See Instructions) | Employer (See Instructions) |) | | |
| Not Employed | | Not Employed | | | |
| Date Ful | Il name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| 10/26/2024 Sp | pain, Diana | | | | \$2.08 |
| Co | ntributor address; City; State; Zip Code | | | | |
| | | | | | |
| | | | | | |
| | ıstin, TX 78751 | | | | |
| | / Job title (See Instructions) | Employer (See Instructions) |) | | |
| Not Employed | | Not Employed | | | |
| Date Ful | Il name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| 09/28/2024 Stromsness, Rune | | | | \$9.09 | |
| Contributor address; City; State; Zip Code | | | | | |
| | | | | | |
| | | | | | |
| | akland, CA 94607 | | | | |
| | / Job title (See Instructions) | Employer (See Instructions) |) | | |
| IT Manager | | University Of California | | | |
| | | | | | |

| The Instrue | ction Guide explains how to complete this | 1 Total pages Schedule A1: Sch: 25/29 Rpt: 28/49 | | |
|------------------|--|---|-------------------------------|------------------|
| 2 FILER NAME | | 3 Filer ID (Ethics Commissi | on Filers) | |
| Castellano, C | Cecilia (Mrs.) | 00087851 | , | |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID# |) | 7 Amount of Contribution (\$) | |
| 10/04/2024 | TORRES, THELMA | | | \$5.00 |
| | 6 Contributor address; City; State; Zip Code | | | |
| | | | | |
| | Poteet, TX 78065 | | | |
| 8 Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions |) | |
| Not Employe | | Not Employed |) | |
| Date | |) | Amount of Contribution (\$) | |
| 10/13/2024 | Tanner, Louis |) | | \$25.00 |
| 10/10/2024 | | | | Ψ <u>2</u> 0.00 |
| | | | | |
| | | | | |
| | AUSTIN, TX 78744-4470 | | | |
| Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | |
| Not Employe | ed | Not Employed | | |
| Date | Full name of contributor out-of-state PAC (ID#: | Amount of Contribution (\$) | | |
| 10/12/2024 | Thomas, Patricia | | \$2.27 | |
| | Contributor address; City; State; Zip Code | | | |
| | | | | |
| | | | | |
| | Washington, DC 20011 | | | |
| | pation / Job title (See Instructions) | Employer (See Instructions | i) | |
| Not Employe | | Not Employed | | |
| Date | |) | Amount of Contribution (\$) | *= 000 00 |
| 10/10/2024 | Torres, Tomas | | \$5,000.00 | |
| | Contributor address; City; State; Zip Code | | | |
| | | | | |
| | Houston, TX 77027 | | | |
| Principal occu | I pation / Job title (See Instructions) | Employer (See Instructions |)) | |
| Not Employe | · · · · | Not Employed | , | |
| Date | Full name of contributor out-of-state PAC (ID#: | .) | Amount of Contribution (\$) | |
| 10/15/2024 | Trainor, John | / | (1) | \$25.00 |
| | Contributor address; City; State; Zip Code | | | |
| | | | | |
| | | | | |
| | Georgetown, TX 78628 | | | |
| | pation / Job title (See Instructions) |) | | |
| Not Employe | ed | | | |
| | | | | |

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 26/29 Rpt: 29/49 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Castellano, Cecilia (Mrs.) 00087851 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 09/27/2024 Tubbs, Charles \$20.00 6 Contributor address; City; State; Zip Code La Pryor, TX 78872-0190 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Not Employed Not Employed Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/19/2024 Tyler, Alicia \$25.00 Contributor address; City; State; Zip Code Chicago, IL 60611 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Not Employed Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 10/04/2024 Uribe, Gloria R \$25.00 Contributor address; City; State; Zip Code San Antonio, TX 78212 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Not Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/12/2024 \$20.00 Voss, Melanie Contributor address; City; State; Zip Code Dallas, TX 75209 Principal occupation / Job title (See Instructions) Employer (See Instructions) N/A Retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/11/2024 \$10.00 WILKINS, David Contributor address; City; State; Zip Code Marfa, TX 79843-1555 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Not Employed

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 27/29 Rpt: 30/49 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Castellano, Cecilia (Mrs.) 00087851 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/26/2024 Ward, M \$4.16 6 Contributor address; City; State; Zip Code Pflugerville, TX 78660 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) RN Ascension Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/12/2024 \$50.00 West, Ben Contributor address; City; State; Zip Code Dallas, TX 75205 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Not Employed Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 10/12/2024 Whitehead, Bob \$25.00 Contributor address; City; State; Zip Code Garland, TX 75044 Principal occupation / Job title (See Instructions) Employer (See Instructions) System Admin Garland Isd Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/11/2024 \$25.00 Whitehouse, Larry Contributor address; City; State; Zip Code Benbrook, TX 76116 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Not Employed Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/12/2024 \$100.00 Whitlow, Mary Contributor address; City; State; Zip Code Dallas, TX 75225 Principal occupation / Job title (See Instructions) Employer (See Instructions) Small Business Owner J&W Sand And Gravel

| _ | | | | | | |
|---|----------------|--|--|---|-----------------------------|----------|
| | The Instruc | ction Guide explains how to complete this | 1 | Total pages Schedule A1: Sch: 28/29 Rpt: 31/49 | | |
| 2 | FILER NAME | | 3 | Filer ID (Ethics Commission | n Filers) | |
| | Castellano, (| Cecilia (Mrs.) | | | 00087851 | |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | |
| | 10/13/2024 | Wilkins, Marjorie | | | | \$10.00 |
| | | 6 Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | | | | | | |
| | | Sanger, TX 76266 | | | | |
| 8 | | pation / Job title (See Instructions) | 9 Employer (See Instructions | 5) | | |
| | Not Employe | :d | Not Employed | | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | Ī | Amount of Contribution (\$) | |
| | 10/12/2024 | Wolman, Don | | | | \$150.00 |
| | | Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | | | | | | |
| | | DALLAS, TX 75252 | | | | |
| | | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Retired | | None | | | |
| Γ | Date | Full name of contributor out-of-state PAC (ID#: |) | Ţ | Amount of Contribution (\$) | |
| | 10/16/2024 | black, mary | | | | \$2.08 |
| | | Contributor address; City; State; Zip Code | |] | | |
| | | | | | | |
| | | Auctin TV 79756 | | | | |
| ┝ | Dringingloggy | Austin, TX 78756 | Employer (See Instructions | | | |
| | Not Employe | pation / Job title (See Instructions) | Employer (See Instructions Not Employed | 5) | | |
| | | | | _ | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | ¢1.00 |
| | 09/28/2024 | laine, marsha | | | | \$1.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | Austin, TX 78745 | | | | |
| ⊢ | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | <u>ا</u> د) | | |
| | Online Sales | | Marsha Laine | -) | | |
| ╞ | Date | | Г | Amount of Contribution (\$) | | |
| | 09/27/2024 | Full name of contributor out-of-state PAC (ID#: luna, armando |) | | Amount of Contribution (\$) | \$25.00 |
| | 03/21/2024 | | | | | Ψ20.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | uvalde, TX 78801 | | | | |
| ⊢ | Principal occu | pation / Job title (See Instructions) | <u> </u> | | | |
| | Not Employe | | , | | | |
| ⊢ | | | Not Employed | | | |
| | | | | | | |

| MONETARY POLITICAL CONTRIBUTIONS | SCHEDULE A1 |
|--|---|
| The Instruction Guide explains how to complete this form. | 1 Total pages Schedule A1: Sch: 29/29 Rpt: 32/49 |
| 2 FILER NAME Castellano, Cecilia (Mrs.) | 3 Filer ID (Ethics Commission Filers) 00087851 |
| 4 Date 5 Full name of contributor out-of-state PAC (ID#:) iuna, armando 10/11/2024 Iuna, armando 6 Contributor address; City; State; Zip Code uvalde, TX 78801 | 7 Amount of Contribution (\$)\$25.00 |
| 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Not Employed Not Employed | |
| Date Full name of contributor out-of-state PAC (ID#:) 10/19/2024 saraf, karen Contributor address; City; State; Zip Code | Amount of Contribution (\$) \$100.00 |
| Katy, TX 77450 Principal occupation / Job title (See Instructions) Employer (See Instructions) |) |
| Not Employed Not Employed | |
| | |

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

| The Instru | ction Guide explains how to complete this f | 1 Total pages Schedule A2: Sch: 1/1 Rpt: 33/49 | | | | | |
|-----------------------|---|---|--|--|--|--|--|
| 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) | | | | | |
| Castellano, | Cecilia (Mrs.) | 00087851 | | | | | |
| ⁴ TOTAL OF | UNITEMIZED IN-KIND POLITICAL CONTRIB | \$ | | | | | |
| 5 Date | 6 Full name of contributor out-of-state PAC (ID#: |) | 8 Amount of 9 In-kind contribution | | | | |
| 10/08/2024 | Represent Texas | | contribution (\$) description \$428.57 I GOTV Rides | | | | |
| | 7 Contributor address; City; State; Zip Code | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | Dallas, TX 78214 | | Check if travel outside of Texas. Complete Schedule T. | | | | |
| 10 Principal occi | upation / Job title (FOR NON-JUDICIAL) (See instructions) | 11 Employer (FOR NON | I-JUDICIAL) (See instructions) | | | | |
| 12 Contributor's | principal occupation (FOR JUDICIAL) | 13 Contributor's job title | (FOR JUDICIAL) (See instructions) | | | | |
| | | | | | | | |
| 14 Contributor's | employer/law firm (FOR JUDICIAL) | 15 Law firm of contributo | or's spouse (if any) (FOR JUDICIAL) | | | | |
| | | | | | | | |
| 16 If contributor | is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | | | | |
| Date | Full name of contributor X out-of-state PAC (ID#: CC | 0853010) | Amount of In-kind contribution | | | | |
| 09/30/2024 | The First Ask | | contribution (\$) description | | | | |
| | Contributor address; City; State; Zip Code | | \$677.38 I Staff Time I | | | | |
| | | | | | | | |
| | | | | | | | |
| | Washington, DC 20003 | | Check if travel outside of Texas. Complete Schedule T. | | | | |
| Principal occu | upation / Job title (FOR NON-JUDICIAL) (See instructions) | Employer (FOR NON-JUDICIAL) (See instructions) | | | | | |
| Contributor's | principal occupation (FOR JUDICIAL) | Contributor's job title (FOR JUDICIAL) (See instructions) | | | | | |
| Contributor's | employer/law firm (FOR JUDICIAL) | Law firm of contributo | Law firm of contributor's spouse (if any) (FOR JUDICIAL) | | | | |
| | | | | | | | |
| If contributor | is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| POLITICAL EXPENDITURES FROM POLITICAL | |
|---------------------------------------|--|
| CONTRIBUTIONS | |

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 Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/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) | | | | | | |
| 1 | Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) | | | | | | |
| | Sch: 1/16 Rpt: 34/49 | Castellano, Cecilia (Mrs.) | 00087851 | | | | | | |
| 4 | Date 10/10/2024 | Payee name 3-D Signs | | | | | | | |
| 6 | | | | | | | | | |
| U | \$4,898.31 7986 1st Street | | | | | | | | |
| | | Somerset, TX 78069 | | | | | | | |
| 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 Literature / Signs | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | | |
| | Date | Payee name | | | | | | | |
| | 10/18/2024 | 7-Eleven | | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | | | |
| | \$53.23 | 19849 Somerset Somerset, TX 78069 | | | | | | | |
| | PURPOSE OF EXPENDITURE | | utside of Texas. Complete Schedule T. TX, officeholder living expense | | | | | | |
| | Complete ONLY if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | | |
| - | Date | Payee name | | | | | | | |
| | 10/14/2024 | ATT | | | | | | | |
| | Amount (\$) \$1,133.31 | Payee address;City;State;Zip Code208 S. Ackard St. | | | | | | | |
| | | Dallas, TX 75201 | | | | | | | |
| | PURPOSE OF EXPENDITURE | | utside of Texas. Complete Schedule T. TX, officeholder living expense | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | | |
| | | | | | | | | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | | |
|--|---|---------------------------------|---|----------------------------------|------------------------|-----------------|-------|---|----------|---|---------------------------------|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political C Credit Card Payment | | | Fees Office Overhead/Rental Expense T Food/Beverage Expense Polling Expense T By - Gift/Awards/Memorials Expense Printing Expense T | | | | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | | | | 3 | Filer ID | (Ethics Commission Filers) |
| | Sch: 2/16 Rpt: 35/49 | | | | | | | | 00087851 | | |
| 4 | Date | | Payee name | | | | | | | | |
| | 10/10/2024 | | Ayala, Ana | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee addres | s; City; | State; | ; Zip Co | de | | | | |
| | \$150.00 | \$150.00 525 E. County Rd. 5719 | | | | | | | | | |
| | | | Natalia, TX | 78059 | | | | | | | |
| 8 | PURPOSE OF | (a) | | e Categories listed a | at the top of this sch | edule) | (b) [| Description | | | |
| | EXPENDITURE | | Travel In Dis | strict | | | Ļ | | | de of Texas. Com officeholder living | nplete Schedule T. |
| | | | | | | | L | Fuel/Knocking | | | y expense |
| | | | | | | | | uontarootari | 9 0. | Deele | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | | Candidate/Offic | ceholder name | C | Dffice sou | ght | | | Office h | eld |
| | Date | | Payee name | | | | | | | | |
| | 10/23/2024 | | Ayala, Ana | | | | | | | | |
| | Amount (\$) | | Payee addres | s; City; | State; | ; Zip Co | de | | | | |
| \$480.00 525 E. County Rd. 5719 | | | | | | | | | | | |
| | | | Natalia, TX | | | | | | | | |
| | PURPOSE OF EXPENDITURE | | Category _{(Se} Advertising | e Categories listed a Expense | at the top of this sch | edule) | [| | , TX, | officeholder living | nplete Schedule T. g expense |
| | Complete ONLY if direct | | Candidate/Offic | ceholder name | C | l Office sou | ght | | | Office h | eld |
| | expenditure to benefit C/OI | | | | | | | | | | |
| | Date | | Payee name | | | | | | | | |
| | 10/04/2024 | | Culebra Mea | at Market | | | | | | | |
| | Amount (\$) | | Payee addres | s; City; | State; | ; Zip Co | de | | | | |
| | \$118.79 | | 9107 Marba | ch Rd Ste 1 | | | | | | | |
| | | | | | | | | | | | |
| | | | San Antonio | , TX 78245 | | | | | | | |
| | PURPOSE OF | (a) | Category (Se | e Categories listed a | at the top of this sch | edule) | (b) [| Description | | | |
| | EXPENDITURE | | Food/Bevera | age Expense | | | ļ | | | | nplete Schedule T. |
| | - | | | | | | L | Check if Austin, Food | , TX, | officeholder living | g expense |
| | | | | | | | ſ | 000 | | | |
| | | Ľ | andidate (Off | oboldor som - | | | ab+ | | | Office | ald |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | anuuate/Offic | ceholder name | Ĺ | Office sou | JIII | | | Office h | eiu |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | | |
|--|---|----------------|---|-----------------------------|----------------|-------|---------------|---|---|----------------------------|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political C Credit Card Payment | | | | | | | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | | | 3 | Filer ID | (Ethics Commission Filers) | |
| | Sch: 3/16 Rpt: 36/49 | | Castellano, Cecilia (Mrs.) 00 | | | | | | | | |
| 4 | Date 10/19/2024 | 5 | 5 Payee name Deli Arandas Inc. | | | | | | | | |
| _ | | <u> </u> | | | | | | | | | |
| 6 | 6 Amount (\$) \$796.36 \$796.36 Laredo, TX 78043 7 Payee address; City; State; Zip Code 530 S Zapata Hwy Laredo, TX 78043 | | | | | | | | | | |
| 8 | PURPOSE | (a) | Category (See Categ | pories listed at the top of | this schedule) | (b |) Description | | | | |
| 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Image: Check if Law Point Control of the | | | | | | | • | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | Candidate/Officehold | der name | Office s | sough | t | | Office he | eld | |
| | Date | | Payee name | | | | | | | | |
| | 10/26/2024 | | Exxon Express | | | | | | | | |
| | Amount (\$) | Payee address; | City; | State; Zip | Code | | | | | | |
| | \$59.85 | | 638 S Getty Uvalde, TX 7880 | 1 | | | | | | | |
| | PURPOSE OF EXPENDITURE | (a) | Category (See Categ Travel In District | pories listed at the top of | this schedule) | (b | | | de of Texas. Com officeholder living | | |
| | Complete ONLY if direct expenditure to benefit C/OF | | Candidate/Officehold | ler name | Office s | sough | t | | Office he | eld | |
| | Date | | Payee name | | | | | | | | |
| | 10/19/2024 | | Frio Self Serve | | | | | | | | |
| | Amount (\$) \$25.12 | | Payee address; IH 35 & Hwy 85 | City; | State; Zip | Code | | | | | |
| | | | Dilley, TX 78017 | | | | | | | | |
| | PURPOSE OF EXPENDITURE | (a) | Category (See Categ Food/Beverage E | | this schedule) | (b | | ı, TX, | de of Texas. Com officeholder living | | |
| | Complete ONLY if direct expenditure to benefit C/OF | | Candidate/Officehold | der name | Office s | sough | t | | Office he | eld | |
| | | | | | | | | | | | |

| POLITICAL EXPENDITURES FROM POLITICAL |
|---------------------------------------|
| CONTRIBUTIONS |

| | | | | EXPENDI | TURE CATEGOR | RIES FOR | R BO | X 8(a) | | | | |
|---|--|-----|----------------------------|---|---------------------------|------------|------|-----------------|-------|---|--------------------------------|---|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | | nmittee | Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor | | | | | | Transportation E Travel in District Travel Out of Dis | | |
| | Credit Card Payment | | | The Instruction | on Guide explains | how to co | mple | te this form. | | | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | | | | 3 | Filer ID | (Ethics Commission Filers) | |
| | Sch: 4/16 Rpt: 37/49 | | Castellano, | Cecilia (Mrs | 5.) | | | | | 00087851 | | |
| 4 | Date | 5 | Payee name | | | | | | | | | |
| | 10/21/2024 | | Fuel Americ | a | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee addre | ss; City; | State; | Zip Co | de | | | | | |
| | \$42.74 | | 23183 I-35 | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | Encinal, TX | 78019 | | | | | | | | |
| 8 | PURPOSE | (a) | Category (s | o Cotogorios liste | ed at the top of this sch | odulo) | (b) | Description | | | | |
| - | OF | | Travel In Di | | a the top of this sch | edule) | (-) | <u> </u> | outsi | de of Texas. Com | plete Schedule T. | |
| | EXPENDITURE | | | | | | | Check if Austin | , тх, | officeholder living |) expense | |
| | | | | | | | | Fuel | | | | |
| | | | | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Offi | ceholder nam | ie C | Office sou | ght | | | Office he | eld | |
| | Date | | Payee name | | | | | | | | | |
| | 09/27/2024 | | Go Daddy | | | | | | | | | |
| | Amount (\$) | | Payee addre | ss; City; | State; | Zip Co | de | | | | | |
| | \$89.42 | | 2155 E. Go | Daddy Way | | | | | | | | |
| | | | | | | | | | | | | |
| | | | Tempe, AZ | 85284 | | | | | | | | |
| | PURPOSE OF | (a) | | | ed at the top of this sch | edule) | (b) | Description | | | | |
| | EXPENDITURE | | Office Over | head/Rental | Expense | | | | | officeholder living | plete Schedule T. a expense | |
| | | | | | | | | Website | ,, | | , - · · · · · · · | |
| | | | | | | | | | | | | |
| | Complete ONLY if direct | | Candidate/Offi | ceholder nam | ie C | Dffice sou | ght | | | Office he | eld | |
| | expenditure to benefit C/OI | | | | | · | 0 | | | | | |
| | Date | | Payee name | | | | | | | | | _ |
| | 10/12/2024 | | HEB | | | | | | | | | |
| | | | | | Ctoto | Zin Co | do | | | | | |
| | Amount (\$) \$2.70 | | Payee addre 19561 S. Fl | | State, | Zip Co | ue | | | | | |
| | φ2.70 | | 19301 S. FI | VI 2790 | | | | | | | | |
| | | | Lytle, TX 78 | 8052 | | | | | | | | |
| | PURPOSE | (a) | Category (S | e Catenories liste | ed at the top of this sch | edule) | (b) | Description | | | | |
| | | | Food/Bever | | | , | | | outsi | de of Texas. Com | plete Schedule T. | |
| | EXPENDITURE | | | - • | | | | | , TX, | officeholder living | g expense | |
| | | | | | | | | Ice | | | | |
| | | | | | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Offi | ceholder nam | ie C | Office sou | ght | | | Office he | eld | |
| | | 1 | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

| POLITICAL EXPENDITURES FROM POLITICAL |
|---------------------------------------|
| CONTRIBUTIONS |

| | | | | EXPENDITU | RE CATEGO | RIES FOF | R BO | K 8(a) | | | |
|---|---|-----|-----------------|--|---------------------|--|--|---|--------|--|----------------------------|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | | nmittee | Event Expense Fees Food/Beverage Expe Gift/Awards/Memorial Legal Services The Instruction G | s Expense | Office Ove Polling Exp Printing Ex Salaries/W | erhead/l pense (pense /ages/C | /Reimbursement Rental Expense Contract Labor e this form. | | Transportation E Travel in District Travel Out of Di | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | | | | 3 | Filer ID | (Ethics Commission Filers) |
| | Sch: 5/16 Rpt: 38/49 | | Castellano, | Cecilia (Mrs.) | | | | | | 00087851 | |
| 4 | Date | 5 | Payee name | | | | | | | | |
| | 10/19/2024 | | HEB | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee addres | ss; City; | State | ; Zip Co | de | | | | |
| | \$26.92 | | 19561 S. FN | M 2790 | | | | | | | |
| | | | | | | | | | | | |
| | | | Lytle, TX 78 | 8052 | | | | | | | |
| 8 | PURPOSE | (a) | Category (Se | ee Categories listed at | the ton of this sch | edule) | (b) [| Description | | | |
| | OF | | | age Expense | | icuaic) | Ē | | outsic | de of Texas. Com | plete Schedule T. |
| | EXPENDITURE | | | 0 | | | Ī | | , TX, | officeholder living | g expense |
| | | | | | | | (| Cupcakes | | | |
| | | | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | | Candidate/Offi | ceholder name | C | Office sou | ght | | | Office h | eld |
| | Date | | Payee name | | | | | | | | |
| | 10/21/2024 | | Hacienda Ja | aliciense | | | | | | | |
| | Amount (\$) | | Payee addres | ss; City; | State | ; Zip Co | de | | | | |
| | \$17.94 | | 20075 Inters | | | | | | | | |
| | | | | | | | | | | | |
| | | | Lytle, TX 78 | 8052 | | | | | | | |
| | PURPOSE | (a) | Category (Se | ee Categories listed at | the top of this sch | edule) | (b) [| Description | | | |
| | OF EXPENDITURE | | Food/Bever | age Expense | | | Į | | | | plete Schedule T. |
| | - | | | | | | L | | , TX, | officeholder living | g expense |
| | | | | | | | r | =ood | | | |
| | Complete ONLY if direct | | Candidato/Offi | ceholder name | | Office sou | abt | | | Office h | ald |
| | expenditure to benefit C/OI | | Januluale/Oni | | (| Jince Sou | ym | | | Oncen | eiu |
| | Data | i – | | | | | | | | | |
| | Date 10/16/2024 | | Payee name | ican Restaurar | nt | | | | | | |
| | | | | | | 7. 0 | | | | | |
| | Amount (\$) | | Payee addres | | State | ; Zip Co | de | | | | |
| | \$25.33 | | 1711 W Cor | mai St | | | | | | | |
| | | | | | | | | | | | |
| | | | Pearsall, TX | (78061 | | | | | | | |
| | PURPOSE | (a) | Category (Se | ee Categories listed at | the top of this sch | edule) | (b) [| Description | | | |
| | OF EXPENDITURE | | Food/Bever | age Expense | | | Ē | | | | plete Schedule T. |
| | - | | | | | | L | Check if Austin, | , TX, | officeholder living | g expense |
| | | | | | | | 1 | 000 | | | |
| | Complete ONILV & diversit | Ļ | Conditions (Off | oobolder re | | | abt | | | <u> </u> | ald |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | anuluate/Offi | ceholder name | C | Office sou | ynt | | | Office h | eiu |
| | - | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

| | | EXPENDITURE CATEGORIES FOR BOX 8(a) | |
|---|---|---|---|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form. | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) |
| 1 | Total pages Schedule F1: | FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| | Sch: 6/16 Rpt: 39/49 | Castellano, Cecilia (Mrs.) | 00087851 |
| 4 | Date 10/05/2024 | Payee name La Perla #3 | |
| 6 | Amount (\$) \$211.99 | Payee address; City; State; Zip Code 1743 Hwy 97 Jourdanton, TX 78026 | |
| 8 | PURPOSE OF EXPENDITURE | | outside of Texas. Complete Schedule T. TX, officeholder living expense |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held |
| | Date | Payee name | |
| | 10/23/2024 | La Quinta Inn | |
| | Amount (\$) \$634.10 | Payee address; City; State; Zip Code 3610 Santa Ursula Laredo, TX 78041 | |
| | PURPOSE OF EXPENDITURE | | outside of Texas. Complete Schedule T. TX, officeholder living expense |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held |
| | Date | Payee name | |
| | 10/19/2024 | Loves | |
| | Amount (\$) \$3.70 | Payee address; City; State; Zip Code 1963 S IH 35 | |
| | | Cotulla, TX 78014 | |
| | PURPOSE OF EXPENDITURE | | outside of Texas. Complete Schedule T. TX, officeholder living expense S |
| ļ | Complete ONLY if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held |
| | | | |

| POLITICAL EXPENDITURES FROM POLITICAL | |
|---------------------------------------|--|
| CONTRIBUTIONS | |

| | | | EXPENDITURE | CATEGO | RIES FOR | BOX 8(a) | | | | | |
|---|---|---------------|---|-----------------|--|------------------------------|-------|--|----------------------------|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials E ttee Legal Services The Instruction Gui | xpense | Office Ove Polling Exp Printing Ex Salaries/W | pense ages/Contract Labor | | Travel in District Travel Out of Dist | uipment & Related Expense | | |
| 1 | Total pages Schedule F1: | 2 FI | LER NAME | | | | 3 | Filer ID | (Ethics Commission Filers) | | |
| | Sch: 7/16 Rpt: 40/49 | С | astellano, Cecilia (Mrs.) | | | | | 00087851 | | | |
| 4 | Date | 5 Pá | ayee name | | | | | | | | |
| | 10/19/2024 | | oves | | | | | | | | |
| 6 | Amount (\$) | 7 Pá | ayee address; City; | State; | ; Zip Co | de | | | | | |
| | \$61.30 | 19 | 963 S IH 35 | | | | | | | | |
| | | | | | | | | | | | |
| | | С | otulla, TX 78014 | | | | | | | | |
| 8 | PURPOSE | (a) Ca | ategory (See Categories listed at the | top of this sch | iedule) | (b) Description | | | | | |
| | OF EXPENDITURE | | avel In District | | | | | de of Texas. Comp | | | |
| | | | | | | | , TX, | officeholder living | expense | | |
| | | | | | | Fuel | | | | | |
| _ | | 0 | | | | | | 0#5 | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | ndidate/Officeholder name | (| Office sou | JLL | | Office hel | la | | |
| | Date | | ayee name | | | | | | | | |
| | 10/12/2024 | | rtle C-Store | | | | | | | | |
| | | - | | <u> </u> | | | | | | | |
| | Amount (\$) | | ayee address; City; | State; | ; Zip Co | le | | | | | |
| | \$28.62 | 19 | 9561 S FM 2790 | | | | | | | | |
| | | Ly | <i>r</i> tle, TX 78052 | | | | | | | | |
| | PURPOSE | (a) Ca | ategory (See Categories listed at the | top of this sch | edule) | (b) Description | | | | | |
| | OF EXPENDITURE | TI | avel In District | | | | | de of Texas. Comp | | | |
| | | | | | | Fuel | , 17, | TX, officeholder living expense | | | |
| | | | | | | i dei | | | | | |
| | Complete ONLY if direct | Car | ndidate/Officeholder name | (| Office sou | iht | | Office hel | d | | |
| | expenditure to benefit C/OF | | | _ | | , | | | - | | |
| | Date | Pá | ayee name | | | | | | | | |
| | 10/16/2024 | | tle C-Store | | | | | | | | |
| | Amount (\$) | Pá | ayee address; City; | State; | ; Zip Co | de | | | | | |
| | \$55.02 | 19 | 9561 S FM 2790 | | | | | | | | |
| | | | | | | | | | | | |
| | | Ly | rtle, TX 78052 | | | | | | | | |
| | PURPOSE | (a) Ca | ategory (See Categories listed at the | top of this sch | edule) | (b) Description | | | | | |
| | OF EXPENDITURE | TI | avel In District | | | | | de of Texas. Comp | | | |
| | | | | | | | , TX, | officeholder living | expense | | |
| | | | | | | Fuel | | | | | |
| | Complete ONL V if direct | Car | didato/Officabelder name | | | t | | Office hel | d | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | ndidate/Officeholder name | C | Office sou | jiit | | Unice nel | iu . | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

| POLITICAL EXPENDITURES FROM POLITICAL | |
|---------------------------------------|--|
| CONTRIBUTIONS | |

| | | EXPENDITURE CATEGORIES FOR BOX 8(a) | |
|---|---|---|---|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form. | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) |
| 1 | Total pages Schedule F1: | FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| | Sch: 8/16 Rpt: 41/49 | Castellano, Cecilia (Mrs.) | 00087851 |
| 4 | Date 10/19/2024 | Payee name Lytle C-Store | |
| 6 | Amount (\$) \$37.99 | Payee address; City; State; Zip Code 19561 S. FM 2790 Lytle, TX 78052 | |
| 8 | PURPOSE OF EXPENDITURE | | outside of Texas. Complete Schedule T. I, TX, officeholder living expense |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held |
| | Date | Payee name | |
| | 10/02/2024 | McDonald's | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$19.14 | 6350 Pearssall Rd San Antonio, TX 78242 | |
| | PURPOSE OF EXPENDITURE | | outside of Texas. Complete Schedule T. , TX, officeholder living expense |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held |
| | Date | Payee name | |
| | 10/17/2024 | Means, Rachel | |
| | Amount (\$) \$1,000.00 | Payee address;City;State; Zip Code206 N. 5th St | |
| | | Carrizo Springs, TX 78834 | |
| | PURPOSE OF EXPENDITURE | | outside of Texas. Complete Schedule T. n, TX, officeholder living expense |
| | Complete ONLY if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held |
| | | | |

| | | | | EXPENDIT | JRE CATEGO | RIES FOF | R BC | DX 8(a) | | | | _ |
|---|--|-----|--------------------------|---|------------------------|---|--|----------------------|--------|---|----------------------------|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | | F F C nmittee L | Event Expense Ees Food/Beverage Exp Sift/Awards/Memor Legal Services The Instruction | | Office Ove Polling Exp Printing Exp Salaries/W | pense pense pens (pens /ages | e /Contract Labor | | Transportation E Travel in District Travel Out of Dis | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | | | | 3 | Filer ID | (Ethics Commission Filers) | |
| | Sch: 9/16 Rpt: 42/49 | | Castellano, (| Cecilia (Mrs.) | | | | | | 00087851 | | |
| 4 | Date | 5 | Payee name | | | | | | | | | |
| | 10/26/2024 | | Mi Casa Caf | е | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee addres | s; City; | State; | ; Zip Co | de | | | | | |
| | \$36.95 | | 821 S Oak S | t | | | | | | | | |
| | | | | | | | | | | | | |
| | | | Pearsall, TX | 78061 | | | | | | | | |
| 8 | PURPOSE | (a) | Category (See | Categories listed | at the top of this sch | (elube) | (b) | Description | | | | — |
| | OF | | Food/Bevera | | | icuaic) | ., | | outsio | de of Texas. Com | plete Schedule T. | |
| | EXPENDITURE | | | 0 | | | | Check if Austin | , TX, | officeholder living | g expense | |
| | | | | | | | | Food | | | | |
| | | | | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Offic | eholder name | C | Office sou | ght | | | Office he | eld | |
| | Date | | Payee name | | | | | | | | | _ |
| | 10/15/2024 | | PC Creative | Services | | | | | | | | |
| | Amount (\$) | - | Payee addres | s; City; | State: | ; Zip Co | de | | | | | |
| | \$6,998.08 | | PO Box 5913 | | o tato, | , <u>_</u> .p 00 | ao | | | | | |
| | \$0,000.00 | | 1 0 000 0010 | | | | | | | | | |
| | | | San Antonio | TX 78259 | | | | | | | | |
| | PURPOSE | (a) | Category (See | e Categories listed | at the top of this sch | edule) | (b) | Description | | | | |
| | OF EXPENDITURE | | Advertising E | Expense | | | | | | de of Texas. Com officeholder living | plete Schedule T. | |
| | | | | | | | | Mailers | , IX, | officenoider living | g expense | |
| | | | | | | | | Mallers | | | | |
| | Complete ONLY if direct | | Candidate/Offic | eholder name | | Office sou | aht | | | Office he | eld | _ |
| | expenditure to benefit C/OI | | | | | | gin | | | | | |
| | Date | | Payee name | | | | | | | | | — |
| | 10/18/2024 | | PC Creative | Services | | | | | | | | |
| | Amount (\$) | | Payee address | | State | ; Zip Co | do | | | | | _ |
| | \$6,998.38 | | PO Box 591 | | State, | , zip co | ue | | | | | |
| | φ0,550.50 | | 1 0 00x 331 | 503 | | | | | | | | |
| | | | San Antonio | TX 78259 | | | | | | | | |
| | PURPOSE | (a) | Category (See | Categories listed | at the top of this sch | edule) | (b) | Description | | | | |
| | OF EXPENDITURE | | Advertising E | | | | | Check if travel | outsio | de of Texas. Com | plete Schedule T. | |
| | LAFENDIIUKE | | 5 | | | | | | , TX, | officeholder living | g expense | |
| | | | | | | | | Mailers | | | | |
| | | | | | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Offic | eholder name | C | Office sou | ght | | | Office he | eld | |
| | | • | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

| | | | EXPENDITURE | CATEGO | RIES FOR | BOX | 8(a) | | | |
|---|---|---------------|---|-------------------|---|--------------------------------------|---|-----|---|----------------------------|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Event Expense Fees Food/Beverage Expense Gfft/Awards/Memorials E ee Legal Services The Instruction Gui | xpense | Office Over Polling Exp Printing Ex Salaries/W | head/Re ense pense ages/Cor | eimbursement ental Expense ntract Labor this form. | | Travel in District Travel Out of Dis | quipment & Related Expense |
| 1 | Total pages Schedule F1: | 2 FIL | ER NAME | | | | | 3 | Filer ID | (Ethics Commission Filers) |
| | Sch: 10/16 Rpt: 43/49 | | stellano, Cecilia (Mrs.) | | | | | | 00087851 | |
| 4 | Date | | vee name | | | | | | | |
| | 10/18/2024 | Pe | arsall Boosters | | | | | | | |
| 6 | Amount (\$) | 7 Pa | vee address; City; | State | ; Zip Co | de | | | | |
| | \$379.84 | 19 | 90 Maverick Drive | | | | | | | |
| | | Pe | arsall, TX 78061 | | | | | | | |
| 8 | PURPOSE | (a) Ca | egory (See Categories listed at the | e top of this sch | edule) | (b) De | escription | | | |
| | OF EXPENDITURE | Co | ntributions/Donations Mag | de By | | | 1 | | | plete Schedule T. |
| | | Ca | ndidate/Officeholder/Polit | ical Comm | ittee | | | TX, | officeholder living | j expense |
| | | | | | | Do | onation | | | |
| _ | | 0 | listete (Office de etdeau action | | | | | | 0.00 | - 1-1 |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | | lidate/Officeholder name | | Office sou | ght | | | Office he | 910 |
| | Date | Pa | vee name | | | | | | | |
| | 10/05/2024 | Pe | na, Emilio | | | | | | | |
| | Amount (\$) | Pa | vee address; City; | State | ; Zip Co | de | | | | |
| | \$1,985.00 | 73 | L0 Westville Dr. | | | | | | | |
| | | Sa | n Antonio, TX 78227 | | | | | | | |
| | PURPOSE | (a) Ca | egory (See Categories listed at the | e top of this sch | edule) | (b) De | escription | | | |
| | OF EXPENDITURE | Ad | vertising Expense | | | | | | | plete Schedule T. |
| | | | | | | | Check if Austin, | | officeholder living | j expense |
| | | | | | | v | | L | | |
| | Complete ONLY if direct | Can | lidate/Officeholder name | (| Office sou | aht | | | Office he | eld |
| | expenditure to benefit C/OI | 4 | | | | | | | | |
| - | Date | Pa | vee name | | | | | | | |
| | 10/12/2024 | | na, Emilio | | | | | | | |
| | Amount (\$) | Pa | vee address; City; | State | ; Zip Co | de | | | | |
| | \$3,225.00 | | L0 Westville Dr. | · | | | | | | |
| | | | | | | | | | | |
| | | | n Antonio, TX 78227 | | | | | | | |
| | PURPOSE OF | | egory (See Categories listed at the | e top of this sch | edule) | (b) De | escription | | | alata Oshadadi. T |
| | EXPENDITURE | Ad | vertising Expense | | | | | | officeholder living | plete Schedule T. |
| | | | | | | | ter Contact | | onicendider nying | Jexpense |
| | | | | | | | | - | | |
| - | Complete ONLY if direct | Can | lidate/Officeholder name | (| Office soug | nht | | | Office he | ble |
| | expenditure to benefit C/OI | | | | 2 | | | | childe he | |
| | | | | | | | | | | |
| | | | | | | | | | | |

| POLITICAL EXPENDITURES FROM POLITICAL |
|---------------------------------------|
| CONTRIBUTIONS |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | | | | |
|-----------------------------|---|---------|--|----------------------|------------------------|-------------|-----|--|---|---|----------------------------|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | nmittee | Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form. | | | | | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | | |
| 1 | Total pages Schedule F1: | 2 | 2 FILER NAME 3 Fi | | | | | | | | (Ethics Commission Filers) | | |
| | Sch: 11/16 Rpt: 44/49 | | | Cecilia (Mrs.) |) | | | | - | 00087851 | . , , | | |
| 4 | Date | 5 | Payee name | | | | | | | | | | |
| | 10/19/2024 | | Pena, Emili | 0 | | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee addre | ss; City; | State; | Zip Co | de | | | | | | |
| | \$4,218.00 | | 7310 West | /ille Dr. | | | | | | | | | |
| | | | San Antonio | o, TX 78227 | | | | | | | | | |
| 8 | PURPOSE | (a) | Category (S | ee Categories listed | at the top of this sch | edule) | (b) | Description | | | | | |
| | OF EXPENDITURE | | Advertising | | | | | | | de of Texas. Com | | | |
| | | | | | | | | Check if Austin, TX, officeholder living expense | | | | | |
| | | | | | | | | Voter Contac | τ | | | | |
| _ | | | andidate (Off | | | | | | | Office he | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | andidate/Off | iceholder name | | Office sou | gnt | | | Office he | 910 | | |
| | Date | | Payee name | | | | | | | | | | |
| | 10/26/2024 | | Pena, Emili | 0 | | | | | | | | | |
| | Amount (\$) | | Payee addre | ss; City; | State; | Zip Co | de | | | | | | |
| | \$6,120.00 | | 7310 West | /ille Dr. | | | | | | | | | |
| | | | San Antonio | o, TX 78227 | | | | | | | | | |
| | PURPOSE OF | (a) | Category (S | ee Categories listed | at the top of this sch | edule) | (b) | Description | | | | | |
| | EXPENDITURE | | Advertising | Expense | | | | | | de of Texas. Com officeholder living | | | |
| | | | | | | | | Voter Contac | | onicendider hving | Jexpense | | |
| | | | | | | | | voter contac | ſ | | | | |
| | Complete ONLY if direct | | andidate/Off | ceholder name | 0 | Office sour | aht | | | Office he | eld | | |
| expenditure to benefit C/OH | | | | | | | | | | | | | |
| | Date | | Payee name | | | | | | | | | | |
| | 10/21/2024 | | Petro | | | | | | | | | | |
| | Amount (\$) | | Payee addre | ss; City; | State: | Zip Co | de | | | | | | |
| | \$59.38 | | 110 I-35 Fr | | , | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | Pearsall, T | K 78061 | | | | | | | | | |
| | PURPOSE OF | | | | at the top of this sch | edule) | (b) | Description | | | alata Oshadadi. T | | |
| | EXPENDITURE | | Travel In Di | strict | | | | | | de of Texas. Com officeholder living | | | |
| | | | | | | | | Fuel | , 17, | omeenoider inning | Гехрепае | | |
| | | | | | | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Off | iceholder name | С | Office sou | ght | | | Office he | eld | | |
| ⊢ | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | | | |
|---|---|-----|--|--|-------------|------|--|-------|---|---|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Fees Food/Be Gift/Awa nmittee Legal Se | Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Reverage Expense Polling Expense Gift/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) | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME 3 F | | | | | | Filer ID | (Ethics Commission Filers) | | |
| | Sch: 12/16 Rpt: 45/49 | | Castellano, Cecilia | a (Mrs.) | | | | | 00087851 | | | |
| 4 | Date 10/17/2024 | 5 | Payee name Prestige Printing | | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee address; | City; Sta | ate; Zip Co | ode | | | | | | |
| | \$2,343.61 | | 8 Burwood Ln | 20216 | | | | | | | | |
| | | | San Antonio, TX 7 | 8210 | | | | | | | | |
| 8 | PURPOSE OF EXPENDITURE | (a) | (a) Category (See Categories listed at the top of this schedule) Printing Expense (b) Description Check if tavel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Printing | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/Oł | | andidate/Officehold | er name | Office sou | ught | | | Office he | łd | | |
| | Date | | Payee name | | | | | | | | | |
| | 10/01/2024 | | Professional Cam | paign Services | | | | | | | | |
| | Amount (\$) | | Payee address; | City; Sta | ate; Zip Co | ode | | | | | | |
| | \$7,000.00 | | 5 Turin Ct San Antonio, TX 7 | 8257 | | | | | | | | |
| | PURPOSE OF EXPENDITURE | (a) | Category _{(See Catego} Advertising Expen | | schedule) | (b) | | , TX, | de of Texas. Com officeholder living | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | andidate/Officehold | er name | Office sou | ught | | | Office he | eld | | |
| | Date | | Payee name | | | | | | | | | |
| | 10/10/2024 | | Professional Cam | paign Services | | | | | | | | |
| | Amount (\$) | | Payee address; | City; Sta | ate; Zip Co | ode | | | | | | |
| | \$12,811.44 | | 5 Turin Ct | | | | | | | | | |
| | | | San Antonio, TX 7 | 8257 | | 1 | | | | | | |
| | PURPOSE OF EXPENDITURE | (a) | Category (See Catego Advertising Exper | | schedule) | (b) | | , TX, | de of Texas. Com officeholder living | | | |
| | Complete ONLY if direct expenditure to benefit C/OF | | andidate/Officehold | er name | Office sou | ught | | | Office he | ld | | |
| | | | | | | | | | | | | |

| POLITICAL EXPENDITURES FROM POLITICAL |
|---------------------------------------|
| CONTRIBUTIONS |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | |
|---|---|---|---|--|--|--|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense ummittee 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) | | | | | | |
| 1 | Total pages Schedule F1: | | 3 Filer ID (Ethics Commission Filers) | | | | | | |
| - | Sch: 13/16 Rpt: 46/49 | Castellano, Cecilia (Mrs.) | 00087851 | | | | | | |
| 4 | Date 10/14/2024 | Payee name Professional Campaign Services | | | | | | | |
| 6 | Amount (\$) | Payee address; City; State; Zip Code | | | | | | | |
| - | \$10,210.04 | 5 Turin Ct San Antonio, TX 78257 | | | | | | | |
| | DUDDOCE | | | | | | | | |
| 8 | PURPOSE OF EXPENDITURE | | utside of Texas. Complete Schedule T. TX, officeholder living expense | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/Oł | Candidate/Officeholder name Office sought | Office held | | | | | | |
| | Date | Payee name | | | | | | | |
| | 10/22/2024 | Professional Campaign Services | | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | | | |
| | \$7,000.00 | 5 Turin Ct San Antonio, TX 78257 | | | | | | | |
| | PURPOSE OF EXPENDITURE | | utside of Texas. Complete Schedule T. TX, officeholder living expense | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought | Office held | | | | | | |
| | Date | Payee name | | | | | | | |
| | 10/25/2024 | Professional Campaign Services | | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | | | |
| | \$7,250.11 | 5 Turin Ct | | | | | | | |
| | | San Antonio, TX 78257 | | | | | | | |
| | PURPOSE OF EXPENDITURE | | utside of Texas. Complete Schedule T. TX, officeholder living expense | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | | |
| | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | | |
|---|---|----------------------|--|--|------------|-------------------------|----------------------------|-----------|---|----------------------------|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Fees Food/Be Gift/Awa nmittee Legal S | Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/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) | | |
| 1 | Total pages Schedule F1: | 2 | 2 FILER NAME 3 F | | | | | | | (Ethics Commission Filers) | |
| | Sch: 14/16 Rpt: 47/49 | | Castellano, Cecili | a (Mrs.) | | | | | 00087851 | | |
| 4 | Date 10/26/2024 | 5 | Payee name Professional Carr | ıpaign Services | | | | | | | |
| 6 | Amount (\$) | 7 | Payee address; | City; State | e; Zip Co | de | | | | | |
| | \$1,185.28 | | 5 Turin Ct | | | | | | | | |
| | | | San Antonio, TX | 78257 | | | | | | | |
| 8 | PURPOSE | (a) | Category (See Categ | ories listed at the top of this sc | hedule) | (b) Desc | ription | | | | |
| | OF EXPENDITURE | | Advertising Exper | | | Ch Ch | eck if travel | outsi | de of Texas. Com | plete Schedule T. | |
| | EXPENDITORE | | | | | | | | officeholder living | expense | |
| | | | | | | Vote | r Contac | t | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/Oł | Candidate/Officehold | ler name | Office sou | ight | | | Office he | ld | | |
| | Date | | Payee name | | | | | | | | |
| | 10/13/2024 | | Quicktrip #04065 | | | | | | | | |
| | | <u> </u> | | Oit a Otata | 7.0 | | | | | | |
| | Amount (\$) | | Payee address; | | e; Zip Co | de | | | | | |
| | \$62.91 | | 6410 Old Pearsal | I Rd. | | | | | | | |
| | | | San Antonio, TX | 78242 | | | | | | | |
| | PURPOSE OF EXPENDITURE | (a) | Category (See Categ Travel In District | ories listed at the top of this sc | hedule) | (b) Desci | | outsi | de of Texas. Com | plete Schedule T. | |
| | EXPENDITORE | | | | | ☐ ^{ch} Fuel | ieck if Austin | , TX, | officeholder living | expense | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | Candidate/Officehold | er name | Office sou | ght | | | Office he | eld | |
| | Date | | Payee name | | | | | | | | |
| | 10/15/2024 | | Robodial | | | | | | | | |
| - | Amount (\$) | | Payee address; | City; State | e; Zip Co | de | | | | | |
| | \$234.61 | | 11921 Freedom [| - | 5, Zip Ot | | | | | | |
| | | | Reston, VA 2019 | 0 | | | | | | | |
| | PURPOSE | (a) | Category (See Categ | ories listed at the top of this sc | hedule) | (b) Desci | ription | | | | |
| | OF EXPENDITURE | | Advertising Exper | nse | | | | | de of Texas. Com | | |
| | LAFENDITORE | | | | | | neck if Austin r Contac | | officeholder living | expense | |
| | | | | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | | Candidate/Officehold | ler name | Office sou | ight | | | Office he | ld | |
| ⊢ | | | | | | | | | | | |
| | | | | | | | | | | | |

| POLITICAL EXPENDITURES FROM POLITICAL |
|---------------------------------------|
| CONTRIBUTIONS |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | | | |
|---|---|--|---------------------------------------|---------------------|--|------------|-----|------------------|-------|--|--------------------------------|----|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | counting/Banking nsulting Expense ntributions/ Donations Made By - Candidate/Officeholder/Political Committee | | | Event Expense Loan Repayment/Reimburs Fees Office Overhead/Rental Ex Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract L The Instruction Guide explains how to complete this for | | | | | se Transportation Equipment & Related Expense Travel in District Travel Out of District r OTHER (enter a category not listed above) | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | E | | | | | 3 | Filer ID | (Ethics Commission Filers) | .) |
| | Sch: 15/16 Rpt: 48/49 | | Castellano, | Cecilia (Mrs | .) | | | | | 00087851 | | |
| 4 | Date | 5 | Payee name | | | | | | | | | |
| | 10/19/2024 | | Robodial | | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee addre | | State; | ; Zip Co | de | | | | | |
| | \$345.08 | | 11921 Free | dom Dr | | | | | | | | |
| | | | Reston, VA | 20190 | | | | | | | | |
| 8 | PURPOSE | (a) | Category (S | ee Categories liste | d at the top of this sch | edule) | (b) | Description | | | | |
| | OF EXPENDITURE | | Advertising | | | | | | | de of Texas. Com | | |
| | - | | | | | | | Voter Contac | | officeholder living expense | | |
| | | | | | | | | Voter Contac | · · | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/O | | Candidate/Off | iceholder nam | e C | Dffice sou | ght | | | Office he | əld | |
| | Date | | Payee name | | | | | | | | | |
| | 10/21/2024 | | Robodial | | | | | | | | | |
| | Amount (\$) | | Payee addre | ss; City; | State; | ; Zip Co | de | | | | | |
| | \$282.24 | | 11921 Free | dom Dr | | | | | | | | |
| | | | Reston, VA | 20190 | | | | | | | | |
| | PURPOSE OF EXPENDITURE | | Category _{(S} Advertising | | d at the top of this sch | edule) | | Check if Austin, | , тх, | de of Texas. Com officeholder living | plete Schedule T. J expense | |
| | | | | | | | | Voter Contac | t | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Off | iceholder nam | e C | Office sou | ght | | | Office he | eld | |
| | Date | | Payee name | | | | | | | | | |
| | 10/12/2024 | | Town Hous | е | | | | | | | | |
| | Amount (\$) | | Payee addre | ss; City; | State; | ; Zip Co | de | | | | | |
| | \$414.38 | | 2105 E. Ma | in St | | | | | | | | |
| | | | Uvalde, TX | 78801 | | | | | | | | |
| | PURPOSE OF | | | | d at the top of this sch | edule) | (b) | Description | outoi | de of Toylog, Com | plete Schedule T. | |
| | EXPENDITURE | | Food/Beve | age Expens | e | | | | | officeholder living | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | Candidate/Off | iceholder nam | e C | Dffice sou | ght | | | Office he | eld | _ |
| | | | | | | | | | | | | |

| | | EXPENDITURE CATEGORIES FOR BOX 8(a) |
|---|---|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By 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: 16/16 Rpt: 49/49 | Castellano, Cecilia (Mrs.) 00087851 |
| 4 | Date | 5 Payee name |
| | 10/10/2024 | Uvalde Leader |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| 0 | \$40.00 | 110 N. East Street |
| | \$40.00 | IION. East Stieet |
| | | |
| | | Uvalde, TX 78801 |
| 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. |
| | EXPENDITORE | Check if Austin, TX, officeholder living expense |
| | | News Paper Ad |
| | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought Office held |
| | experiature to benefit C/Or | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |