CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to compl	ete this form.	1 Filer ID (Ethics Commiss 00087851	ion Filers)	2 Total pages filed	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE US	SE ONLY
OFFICEHOLDER NAME	Mrs.	Cecilia			Date Received	
					ELECTRONICAL	LY EILED
	NIOVALANE				01/15/2025	
	NICKNAME	LAST Castellano		SUFFIX	01/13/2023	
		Castellario				
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or D	Date Postmarked
OFFICEHOLDER MAILING	430 Savannah Heights					
ADDRESS					Receipt #	Amount
Change of Address	Von Ormy, TX 78073				2 . 2	
					Date Processed	
					Date Imaged	
					Date illiageu	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER	Mrs.	Cecilia		IVII		
NAME	IVII 5.	Cecilia				
	NICKNAME	LAST		SUFFIX		
		Castellano				
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO	BOX PLEASE);	APT	/ SUITE #; CITY;	STAT	E; ZIP CODE
ADDRESS	20956 Somerset Rd					
(Residence or Business)						
	Somerset, TX 78069					
7 044041011	ABEA CODE BUOK	IE NII IMBED - E	VTENCION			
7 CAMPAIGN TREASURER		IE NUMBER E	EXTENSION			
PHONE	(210) 365-6663					
9 DEDODT						
8 REPORT TYPE	X January 15	30th day before	election \square	Runoff	15th day after camp	aaian traasurar
		Sour day before		Curion	appointment (office	
	July 15	8th day before		Exceeded modified X	Final Report (Attack	n C/OH-FR)
		_	— r	eporting limit	_	
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	10/27/2024	TH	IROUGH	01/06/202	5	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	P	rimary	Runoff	Other	
		l⊓G	eneral	Special		
11 OFFICE	OFFICE HELD (if any)		<u> </u>	12 OFFICE SOUGHT	(if known)	
III OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(II KIIOWII)	
		GO T	O PAGE 2			
I						

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 24

13 C / OH NAME	Castellano, Cecilia (N	frs.)	14 Filer ID (E 00087851	Ethics Commission Filers)				
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without to I officeholders are required to report this information	the candidate's or officel	holder's knowledge or				
Additional Pages	COMMITTEE TYPE	TYPE COMMITTEE NAME						
	GENERAL							
		COMMITTEE ADDRESS						
	SPECIFIC							
		COMMITTEE CAMPAIGN TREASURER NAME						
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS					
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THAI ES OF LOANS, OR CONTRIBUTIONS MADE ELEC		\$ 1,307.47				
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	6)	\$ 11,313.23				
EXPENDITURE TOTALS								
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 32,170.63				
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 0.00				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 167,965.51				
17 AFFIDAVIT		I swear, or affirm, under penalty true and correct and includes al under Title 15, Election Code.						
		Mrs. 0	Cecilia Castellano					
		Signature of	Candidate or Officehold	ler				
AFFIX NO	TARY STAMP / SEAL AB	OVE						
Sworn to and subso	cribed before me, by the s	aid	, this the	day				
		ertify which, witness my hand and seal of office.						
	or, 20, to certify which, withess my fianti and seal of office.							
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering oath				

SUBTOTALS - C/OH

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

					3 01 24
	LER NAM	ME o, Cecilia (Mrs.)	19 Filer ID 00087851	(Eth	ics Commission Filers)
		E SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	10,622.23
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	691.00
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		\$			
5.	X	\$	32,170.63		
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10	· 🔲	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11	. 🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12	. 🔲	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A			
	The Instru	ction Guide explains how to complete	this for	m.	1	Total pages Schedule A1: Sch: 1/7 Rpt: 4/24	
2	FILER NAME Castellano, (Cecilia (Mrs.)			3	Filer ID (Ethics Commission 00087851	n Filers)
4	Date 11/18/2024			7	Amount of Contribution (\$)	\$1.00	
		Austin, TX 78752					
8	Principal occu Statistician	ncipal occupation / Job title (See Instructions) atistician 9 Employer (See Instructions) Berry Consultants		5)			
	Date Full name of contributor out-of-state PAC (ID#:) 11/16/2024 Black, Mary Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$2.08		
	Austin, TX 78756 Principal occupation / Job title (See Instructions) Employer (See Instructions)			<u> </u> s)			
	Not employed Not Employed						
	Date Full name of contributor out-of-state PAC (ID#:) 12/16/2024 Black, Mary Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$2.08		
		Austin, TX 78756					
	Principal occu Not employe	pation / Job title (See Instructions) d		Employer (See Instructions Not Employed	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 11/04/2024 Boyd, Roxana Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$50.00		
	Principal occu Not Employe	Denton, TX 76210-0249 pation / Job title (See Instructions)		Employer (See Instructions Not Employed	<u>I</u> S)		
	Date 10/27/2024	Full name of contributor out-of-state PAC Calvert, Tommy Contributor address; City; State; Zip Code San Antonio, TX 78219			•	Amount of Contribution (\$)	\$133.00
	Principal occu Couunty Cor	pation / Job title (See Instructions) nmissioner		Employer (See Instructions Bexar County	5)		
	•			·			

	MONETARY POLITICAL CONTRIBUTIONS					E A1	
	The Instruc	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 2/7 Rpt: 5/24	
2	FILER NAME Castellano, (Cecilia (Mrs.)			3	Filer ID (Ethics Commission 00087851	n Filers)
4	Date 11/27/2024	11/27/2024 Calvert, Tommy 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$133.00	
_	Dringing age	San Antonio, TX 78219	10	Employer (Co.) Instructions	<u></u>		
8		Principal occupation / Job title (See Instructions) County Commissioner 9 Employer (See Instructions) Bexar County		·)			
	Date Full name of contributor out-of-state PAC (ID#:) 11/13/2024 Carranza, Susana Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5.00		
	Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions)			 ;)			
	Chemical Engineer Makel Engineering Inc						
	Date Full name of contributor out-of-state PAC (ID#:) 12/13/2024 Carranza, Susana Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5.00		
		Austin, TX 78701					
	Principal occu Chemical En	pation / Job title (See Instructions) gineer		Employer (See Instructions Makel Engineering Inc.	5)		
Date Full name of contributor out-of-state PAC (ID#:) 11/06/2024 Crawford, Marshall Contributor address; City; State; Zip Code Hot Springs, NC 28743				Amount of Contribution (\$)	\$10.00		
	Principal occu Merchant	pation / Job title (See Instructions)		Employer (See Instructions Earth Guild	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 10/29/2024 Dobbie, Gary and Sally Contributor address; City; State; Zip Code Dallas, TX 75230			Amount of Contribution (\$)	\$500.00		
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	s)		
			•				

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1			
	The Instru	ction Guide explains hov	v to complete this fo	orr	m.	1	Total pages Schedule A1: Sch: 3/7 Rpt: 6/24	
2	FILER NAME Castellano, O	Cecilia (Mrs.)				3	Filer ID (Ethics Commission 00087851	on Filers)
4	Date 11/04/2024			7	Amount of Contribution (\$)	\$250.00		
_	B	San Antonio, TX 78232	, 1	_		<u></u>		
8	Executive	ncipal occupation / Job title (See Instructions) ecutive 9 Employer (See Instructions) Grow America		5)				
	Date Full name of contributor out-of-state PAC (ID#:) 11/10/2024 Fine, Mary Ellen Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$4.16			
	Austin, TX 78745 Principal occupation / Job title (See Instructions) Employer (See Instructions		 s)					
	Retired		,					
	Date Full name of contributor out-of-state PAC (ID#:) 12/10/2024 Fine, Mary Ellen Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$4.16			
		Austin, TX 78745						
	Principal occu Retired	pation / Job title (See Instruction	5)		Employer (See Instructions Retired	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 11/04/2024 Gonzalez, Jessica Contributor address; City; State; Zip Code Dallas, TX 75203			Amount of Contribution (\$)	\$1,500.00			
	Principal occu Not Employe	pation / Job title (See Instructional	5)		Employer (See Instructions Not Employed	5)		
	Date 11/05/2024	Full name of contributor Gonzalez, Jessica Contributor address; City; S Dallas, TX 75203	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$1,000.00
	Principal occu Not Employe	pation / Job title (See Instructioned	5)		Employer (See Instructions Not Employed	s)		

	MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1			
	The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 4/7 Rpt: 7/24			
2	FILER NAME Castellano, Cecilia (Mrs.)			3 Filer ID (Ethics Commission Filers) 00087851			
4	Date 11/05/2024	Full name of contributor	•	7 Amount of Contribution (\$) \$4,000.00			
		Washington, DC 20001					
8	Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)		s)				
	Date Full name of contributor out-of-state PAC (ID#:) Laine, Marsha Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$1.00				
	Principal occu	Austin, TX 78745 upation / Job title (See Instructions) s	Employer (See Instructions Self Employed	<u> </u> 			
	Date Full name of contributor out-of-state PAC (ID#:) 11/28/2024 Laine, Marsha Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$1.00				
		Austin, TX 78745					
	Online Sales	upation / Job title (See Instructions)	Employer (See Instructions Self Employed	;)			
	Date Full name of contributor out-of-state PAC (ID#:) Lemmond, byron Contributor address; City; State; Zip Code Katy, TX 77449-7504		Amount of Contribution (\$) \$7.00				
	Principal occu Not Employe	upation / Job title (See Instructions) ed	Employer (See Instructions Not Employed) ()			
	Date 10/27/2024	Full name of contributor out-of-state PAC (ID#:_McIntosh, Jean C Contributor address; City; State; Zip Code Dallas, TX 75220-1902)	Amount of Contribution (\$) \$250.00			
	Principal occu Not Employe	upation / Job title (See Instructions) ed	Employer (See Instructions Not Employed	5)			

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instruc	ction Guide explains how t	o complete this forr	n.	1	Total pages Schedule A1: Sch: 5/7 Rpt: 8/24	
2	FILER NAME Castellano, C	Cecilia (Mrs.)			3	Filer ID (Ethics Commission 00087851	n Filers)
4	11/08/2024 Meyer, James 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$1.00		
8	Principal occur	Conroe, TX 77348 pation / Job title (See Instructions)	la la	Employer (See Instructions	;) 		
Ü	Not Employed Not Employed Not Employed		,,				
	Date Full name of contributor out-of-state PAC (ID#:) 12/08/2024 Meyer, James Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1.00		
	Dain sin al access	Conroe, TX 77348		Frankrick (Control to the other officers	<u></u>		
	Principal occupation / Job title (See Instructions) Not Employed Not Employed			5)			
	Date Full name of contributor out-of-state PAC (ID#:) 10/29/2024 Nesemeier, Ann Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$200.00		
	Dringing	Bedford, TX 76021		Franks var (Caa kastu atiana	<u></u>		
		pation / Job title (See Instructions) ager		Employer (See Instructions Pricing Mgr Applied Indu		rial Technologies	
	Date Full name of contributor out-of-state PAC (ID#:) 11/29/2024 Nesemeier, Ann Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$200.00		
	Principal occu Pricing Mana	Bedford, TX 76021 pation / Job title (See Instructions) ager		Employer (See Instructions Applied Industrial Techr		ogies	
	Date 10/27/2024	Full name of contributor Nilsen, Benjamin Contributor address; City; State Vallejo, CA 94589	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$2.27
		pation / Job title (See Instructions)		Employer (See Instructions			
	Process Tec	miician		Thermo Fisher Scientific	<i>;</i>		

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instru	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 6/7 Rpt: 9/24		
2	FILER NAME Castellano, C	Cecilia (Mrs.)			3	Filer ID (Ethics Commission Filers) 00087851		
4	Date 10/31/2024	10/31/2024 Oertel, Lauren 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$8.33			
8	Principal occu	Austin, TX 78754 pation / Job title (See Instructions)	9	Employer (See Instructions	 			
	Organizer Indivisible		•					
	Date Full name of contributor out-of-state PAC (ID#:) 11/04/2024 Parsons, Stuart Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$1,000.00				
	Waco, TX 76705 Principal occupation / Job title (See Instructions) Employer (See Instructions			', 				
	Principal occupation / Job title (See Instructions) Contractor Employer (See Instructions) Parsons Roofing		·)					
	Date Full name of contributor out-of-state PAC (ID#:) 10/30/2024 Rabb, Dorothy Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$1.00				
	Principal occu	Sicklerville, NJ 08081 pation / Job title (See Instructions)	_	Employer (See Instructions	., 			
	Instructor	pation / Job title (See Instituctions)		CTC	"			
	Date Full name of contributor out-of-state PAC (ID#:) Raffaelli, Paulo Contributor address; City; State; Zip Code San Francisco, CA 94112			Amount of Contribution (\$) \$2.09				
	Principal occu Engineer	pation / Job title (See Instructions)		Employer (See Instructions Cisco Meraki	5)			
	Date 11/01/2024	Full name of contributor out-of-state PAC (ID Schneider, Marilyn Contributor address; City; State; Zip Code Castro Valley, CA 94552-5038	#:		•	Amount of Contribution (\$) \$2.27		
	Principal occu Physicist	pation / Job title (See Instructions)		Employer (See Instructions Lawrence Livermore Na		nal Laboratory		
			<u> </u>					

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instruc	ction Guide explains how to complete t	this for	n.	1	Total pages Schedule A1: Sch: 7/7 Rpt: 10/24	
2	FILER NAME Castellano, C	Cecilia (Mrs.)			3	Filer ID (Ethics Commission 00087851	ı Filers)
4	11/03/2024 Shimchick, Anastasia 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$5.00		
_		Cherry Hill, NJ 08002	- 10	5 1 (2 1 1 1	<u></u>		
8	Principal occupation / Job title (See Instructions) Not Employed 9 Employer (See Instructions) Not Employed		5)				
	Date Full name of contributor out-of-state PAC (ID#:) 10/30/2024 Siddique, Nahid Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$25.00		
	Dringing aggr	Wylie, TX 75098		Employer (See Instructions	<u>''</u>		
	Principal occupation / Job title (See Instructions) Professor Employer (See Instructions) UNT Dallas		o)				
	Date Full name of contributor out-of-state PAC (ID#:) 10/27/2024 Spain, Diana Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2.08		
		Austin, TX 78751					
	Principal occu Not Employe	pation / Job title (See Instructions) d		Employer (See Instructions Not Employed	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 11/26/2024 Spain, Diana Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$2.08	
	Principal occu Not Employe	Austin, TX 78751 pation / Job title (See Instructions) d		Employer (See Instructions Not Employed	<u>l</u> s)		
	Date 11/26/2024	Full name of contributor out-of-state PAC Ward, M Contributor address; City; State; Zip Code Pflugerville, TX 78660)	•	Amount of Contribution (\$)	\$4.16
	Principal occu RN	pation / Job title (See Instructions)		Employer (See Instructions Ascension	s)		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	L	SCHEDULE A2
The Instruction Guide explains how to complete this f	1 Total pages Schedule A2: Sch: 1/1 Rpt: 11/24	
2 FILER NAME Castellano, Cecilia (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087851
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIB	\$	
5 Date 10/31/2024 6 Full name of contributor X out-of-state PAC (ID#: CC) The First Ask 7 Contributor address; City; State; Zip Code	00853010)	8 Amount of 9 In-kind contribution contribution (\$) description \$691.00 Staff Time
Washington, DC 20003	1	Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / 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)	l	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 1/12 Rpt: 12/24	Castellano, Cecilia (Mrs.)	00087851
4	Date	5 Payee name	
	10/30/2024	3-D Signs	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,325.06	7986 1st Street	
		Somerset, TX 78069	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	/ diversioning Expense	avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense
		Signs	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	11/02/2024	5 D Grill & Lounge	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$181.12	2525 US-83	
		Carrizo Springs, TX 78834	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	1 God/Deverage Expense	avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense
		Food	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experialiture to benefit C/Oi	1	
	Date	Payee name	
	11/02/2024	7 Eleven	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$57.67	19525 Mcdonald St	
		1. 41- TV 700F0	
		Lytle, TX 78052	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if tr	l avel outside of Texas. Complete Schedule T.
	EXPENDITURE	Traver in District	ustin, TX, officeholder living expense
		Fuel	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Orialians to bottom of or		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
	Sch: 2/12 Rpt: 13/24	Castellano, Cecilia (Mrs.) 00087851				
4	Date	5 Payee name				
	11/02/2024	7 Eleven				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$14.02	19525 Mcdonald St				
		Lytle, TX 78052				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
		Refreshmets				
		Reflectified				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
9	expenditure to benefit C/O					
\vdash	Date	Dougo nomo				
		Payee name				
	11/03/2024	7 Eleven				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$58.65	19525 Mcdonald St				
		Lytle, TX 78052				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense				
		Fuel				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	Complete <u>ONLY</u> if direct expenditure to benefit C/O					
_	_					
	Date	Payee name				
	11/15/2024	7 Eleven				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$23.48	19525 McDonald St				
		Lytle, TX 78052				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense				
		Fuel				
	Complete ONLY if alice -	Condidate/Officeholder name Office cought				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	<u> </u>	_
	Sch: 3/12 Rpt: 14/24	Castellano, Cecilia (Mrs.) 00087851	
4	Date	5 Payee name	_
	11/15/2024	7 Eleven	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$46.30	19525 McDonald St	
		Lytle, TX 78052	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Fuel	
		i dei	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
ľ	expenditure to benefit C/OI		
_	Date	Payee name	=
	11/14/2024	ATT	
_	Amount (\$)	Payee address; City; State; Zip Code	_
	\$116.59	208 S. Ackard St.	
	Ψ110.59	200 S. Ackara St.	
		Dellas TV 75201	
		Dallas, TX 75201	_
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Phone	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	1	
	Date	Payee name	_
	11/08/2024	Ana Ayala	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$44.03	525 E. County Rd. 5719	
		Natalia, TX 78059	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
	LAI LINDITORE	Check if Austin, TX, officeholder living expense	
		Elction Day Decoarations reimbursement	
	Complete ONLY if alias -t	Condidate/Officeholder name Office cought	_
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
_			_

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 4/12 Rpt: 15/24	Castellano, Cecilia (Mrs.)	00087851
4	Date	5 Payee name	<u>'</u>
	11/09/2024	Bill Millers	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$14.94	19715 IH 35 S	
		Lytle, TX 78052	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
			Food
_			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	'		
	Date	Payee name	
	11/15/2024	Bucks Citgo County	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$23.67	208 N 1st Street	
		Carrizo Springs, TX 78834	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Travel In District	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense Fuel
			. 45.
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
F	Date	Payee name	
	12/30/2024	Castellano, Cecilia	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2,034.49	430 Savannah Hts	
	7-,00		
		Von Ormy, TX 78703	
	PURPOSE	-	Description
	OF	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Loui Repayment Recumbursement	Check if Austin, TX, officeholder living expense
			Loan Reimbursement
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experientare to benefit C/OI	•	

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		Gift/Awards/Memorials E Legal Services The Instruction Gui		s/Wages/Contract Labor OTHER (er		Travel Out of Dis OTHER (enter a	trict category not listed above)			
┰	Total pages Schedule F1:	2 EILED NAM					3	Filer ID	(Ethics Commission File	arc)
ľ	Sch: 5/12 Rpt: 16/24		o, Cecilia (Mrs.)					00087851	(Ethics Commission in	C13)
4	Date	5 Payee nam	e				_			
	10/27/2024	Dairy Que								
Ļ										
6	Amount (\$)	7 Payee addr		State; Zip C	ode					
	\$11.01	9438 Hwy	16							
		Poteet, TX	78065							
8	PURPOSE				(h)	Docarintian				
ľ	OF		See Categories listed at the	e top of this schedule)	(5)	Description Check if travel	outsi	de of Texas. Com	nlete Schedule T	
	EXPENDITURE	F00u/beve	erage Expense			_		officeholder living		
						Food		-	·	
9	Complete ONLY if direct	Candidata/O	fficeholder name	Office co	wabt			Office he	J.d.	
ľ	expenditure to benefit C/O		incendider name	Office so	ugni			Office he	eiu	
	<u> </u>									
	Date	Payee nam	е							
	11/10/2024	Exxon Exp	oress							
	Amount (\$)	Payee addr	ess; City;	State; Zip C	ode					
	\$56.72	19280 Sta	te Hwy 16 S							
	+		,							
			T)/ 70070							
		Von Ormy	, TX 78073							
	PURPOSE	(a) Category (See Categories listed at the	e top of this schedule)	(b)	Description				
	OF EXPENDITURE	Travel In [District					de of Texas. Com		
						—	ı, TX,	officeholder living	expense	
						Fuel				
L										
	Complete ONLY if direct expenditure to benefit C/OI		fficeholder name	Office so	ught			Office he	eld	
	experiulture to benefit C/O	П								
	Date	Payee nam	 е							
	10/28/2024	Farm to Fa	amilia							
	Amount (\$)	Payee addr	ess; City;	State; Zip C	ode					
	\$600.00	55 Meado		otate, zip e	ouc					
	φ000.00	JS Meado	W3 IXU							
		Poteet, TX	78065							
	PURPOSE	(a) Category	See Categories listed at the	e top of this schedule)	(b)	Description				
	OF EXPENDITURE	Food/Beve	erage Expense			Check if travel	outsi	de of Texas. Com	olete Schedule T.	
	EXPENDITURE					ш	ı, TX,	officeholder living	expense	
						Food				
					1					
	Complete ONLY if direct		fficeholder name	Office so	ught			Office he	eld	
1	expenditure to benefit C/O	Н								
H										

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/12 Rpt: 17/24	Castellano, Cecilia (Mrs.) 00087851
4	Date	5 Payee name
	10/29/2024	Farm to Familia
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$32.39	55 Meadows Rd
		Poteet, TX 78065
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Food
		1 000
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
-	Date	Davisa sama
	11/05/2024	Payee name Gas Station
	Amount (\$)	Payee address; City; State; Zip Code
	\$60.71	16250 IH 35 S
		Dilley, TX 78017
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fuel
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	U
_	Date	Payee name
	11/09/2024	Gas Station
_	Amount (\$)	Payee address; City; State; Zip Code
	\$11.31	16250 IH 35 S
	Ψ11.51	10230 11133 3
		Dilley, TX 78017
	BUBBOOF	To a second seco
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Food/Reverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Refreshments
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 7/12 Rpt: 18/24	Castellano, Cecilia (Mrs.)	00087851
4		5 Payee name	
	11/09/2024	Gas Station	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$56.95	16250 IH 35 S	
		Dilloy TV 70017	
Ļ	DUDDOOF	Dilley, TX 78017	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Travel In District	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
			Fuel
9	Operation ONLY if dispose	Out title to 10 ff a balder of a second	Office hald
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
-	Date	Deuge name	
	10/27/2024	Payee name HEB	
-	Amount (\$)	Payee address; City; State; Zip Code	
	\$4.23	19561 S. 2790 W	
		Lytle, TX 78052	
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Refreshements
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	11/04/2024	Lucy's Cake Shop	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$80.00	2030 SW Loop 410	
		San Antonio, TX 78227	
	PURPOSE		Description.
	OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
			Cake
_	Complete ONLV if direct	Candidate/Officeholder name Office sought	Office held
	Complete ONLY if direct expenditure to benefit C/OI		Office field

SCHEDULE F1

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 8/12 Rpt: 19/24	Castellano, Cecilia (Mrs.) 00087851
4	Date	5 Payee name
	11/04/2024	Lucy's Cake Shop
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$15.00	2030 SW Loop 410
		San Antonio, TX 78227
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense Cake
		Curc
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	11/09/2024	PIZZA HUT
	Amount (\$)	Payee address; City; State; Zip Code
	\$107.45	201 Pena St.
	,	
		Carrizo Springs, TX 78834
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Food
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	10/30/2024	Professional Campaign Services
	Amount (\$)	Payee address; City; State; Zip Code
	\$8,000.00	5 Turin Ct
		San Antonio, TX 78257
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
		Check if Austin, TX, officeholder living expense Voter Contact
		Votel Contact
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 9/12 Rpt: 20/24	Castellano, Cecilia (Mrs.) 00087851	
4	Date	5 Payee name	_
	11/04/2024	Professional Campaign Services	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$6,000.00	5 Turin Ct	
		San Antonio, TX 78257	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Voter Contact	
		Voter Contact	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		
	Date	Payee name	_
	11/05/2024	Professional Campaign Services	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$4,000.00	5 Turin Ct	
		San Antonio, TX 78257	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Voter Contact	
		Voter Contact	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O	H	
	Date	Payee name	_
	11/14/2024	Professional Campaign Services	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2,000.00	5 Turin Ct	
		San Antonio, TX 78257	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Voter Contact	
		voter Contact	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
			_
l			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 10/12 Rpt: 21/24	Castellano, Cecilia (Mrs.) 00087851
4	Date	5 Payee name
	12/23/2024	Professional Campaign Services
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$6,500.00	5 Turin Ct
		San Antonio, TX 78257
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense
		Check if Austin, TX, officeholder living expense General Election
		General Election
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
•	expenditure to benefit C/O	
	Date	Payee name
	11/09/2024	Ramirez, Sergio
	Amount (\$)	Payee address; City; State; Zip Code
	\$350.00	2106 Kentucky St
	Ψ030.00	2100 Nontacky St
		Carrizo Springs, TX 78834
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Services
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experiditure to benefit C/O	
	Date	Payee name
	11/03/2024	Road Ranger
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.87	45 East TX St. Hwy 44
		Encinal, TX 78019
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Refreshments
		T. C. I C. I I I I I I I I I I I I I I I
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to	compl	plete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 11/12 Rpt: 22/24	Castellano, Cecilia (Mrs.)		00087851
4	Date	5 Payee name		-
	11/03/2024	Road Ranger		
6	Amount (\$)	7 Payee address; City; State; Zip	Code	?
	\$52.30	45 East TX St. Hwy 44		
		Encinal, TX 78019		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	D) Description
	OF EXPENDITURE	Travel In District		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE			Check if Austin, TX, officeholder living expense
				Fuel
	Complete ONII V if direct	Candidate/Officeholder name Office s	ought	office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ougni	d Office neid
_				
	Date	Payee name		
	10/30/2024	Sam's Club		
	Amount (\$)	Payee address; City; State; Zip	Code	
	\$114.08	12349 I-35		
		San Antonio, TX 78233		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Candy
				,
	Complete ONLY if direct	Candidate/Officeholder name Office s	ought	ot Office held
	expenditure to benefit C/O	Н		
	Date	Payee name		
	11/08/2024	Sam's Club		
	Amount (\$)	Payee address; City; State; Zip	Code	
	\$108.15	12349 I-35		
		San Antonio, TX 78233		
	PURPOSE		(h)) Description
	OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(6)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	T God/Beverage Expense		Check if Austin, TX, officeholder living expense
				Candy
	Complete ONLY if direct	Candidate/Officeholder name Office s	ought	t Office held
	expenditure to benefit C/OI	л		
				

SCHEDULE F1

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

Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Final Septices
Salaries/Magage/Contract Labor

Candidate/Officenoider/Politic Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 12/12 Rpt: 23/24	Castellano, Cecilia (Mrs.) 00087851
4 Date	5 Payee name
11/05/2024	TXB
6 Amount (\$) \$55.44	7 Payee address; City; State; Zip Code 780 Carter St Asherton, TX 78827
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fuel
Complete ONLY if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held H
Date	Payee name
11/12/2024	Texas Partners Bank
Amount (\$) \$5.00	Payee address; City; State; Zip Code 1900 NW Loop 410 San Antonio, TX 78213
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fee
Complete ONLY if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held H

		FORM C/OH - FR				
	The Instruction Guide explains how to complete this form. ** Complete only if "Report Type" on page 1 is marked "Final Report" **	Page 24 of 24				
1	C/OH NAME	2 Filer ID (Ethics Commission Filers)				
	Castellano, Cecilia (Mrs.)	00087851				
3	SIGNATURE					
	I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.					
	Mrs. Cec	cilia Castellano				
		andidate / Officeholder				
_	FILER WHO IS NOT AN OFFICEHOLDER					
4	** Complete A & B below only if you are not an officeholder **					
	A CAMPAIGN FUNDS					
	Check only one:					
	I do not have unexpended contributions or unexpended interest or income earned from politic	ical contributions.				
	I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code 254.204.					
	B ASSETS					
	Check only one:					
	$\overline{\chi}$ I do not retain assets purchased with political contributions or interest or other income from μ	political contributions.				
	I do retain assets purchased with political contributions or interest or other income from political convert assets purchased with political contributions or interest or other income from political understand that I must dispose of assets purchased with political contributions in accordance 254.204.	al contributions to personal use. I also				
	Mrs. Cec	cilia Castellano				
	Signatur	e of Candidate				
_	OFFICEHOLDER					
J	** Complete this section only if you are an officeholder **					
	I am aware that I remain subject to filing requirements applicable to an officeholder who doe also aware that I will be required to file reports of unexpended contributions if, after filing the retain political contributions, interest or other income from political contributions, or assets p interest or other income from political contributions.	last required report as an officeholder, I				
	Cionatur	a of Officaholder				
	Signature	e of Officeholder				