

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**FORM C/OH  
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.			1 Filer ID (Ethics Commission Filers) 00090109	2 Total pages filed: 22		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Ms.	FIRST Esmeralda	MI	<b>OFFICE USE ONLY</b>		
	NICKNAME	LAST Cantu-Castle	SUFFIX	Date Received ELECTRONICALLY FILED 01/15/2026		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 2909 Jacaranda Dr.  Harlingen, TX 78550			Date Hand-delivered or Date Postmarked		
				Receipt #	Amount	
				Date Processed		
				Date Imaged		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Saif M.	MI			
	NICKNAME	LAST Khan	SUFFIX			
6 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 1919 Jackson St.  Apt. 1507  Dallas, TX 75201		APT / SUITE #;	CITY;	STATE;	ZIP CODE
7 CAMPAIGN TREASURER PHONE	AREA CODE (703) 804-0099	PHONE NUMBER	EXTENSION			
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)					
9 PERIOD COVERED	Month 07/01/2025	Day	Year	Month 12/31/2025	Day	Year
10 ELECTION	ELECTION DATE Month 03/30/2025		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special			
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT (if known) State Representative Place HARLINGEN District 37		

**GO TO PAGE 2**

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

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

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13 C / OH NAME	Cantu-Castle, Esmeralda (Ms.)		14 Filer ID (Ethics Commission Filers) 00090109
15 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.		
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$ 0.00
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 8,637.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		\$ 0.00
	4. <b>TOTAL POLITICAL EXPENDITURES</b>		\$ 7,546.68
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 81.12
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 4,100.00

**17 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Ms. Esmeralda Cantu-Castle

\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day  
of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering

\_\_\_\_\_  
Printed name of officer administering

\_\_\_\_\_  
Title of officer administering oath

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

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<b>18</b> FILER NAME Cantu-Castle, Esmeralda (Ms.)	<b>19</b> Filer ID (Ethics Commission Filers) 00090109
<b>20</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,837.00
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 4,800.00
3. <input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 7,450.00
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 4,100.00
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 7,046.68
6. <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 500.00
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/6 Rpt: 4/22
<b>2</b> FILER NAME Cantu-Castle, Esmeralda (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00090109
<b>4</b> Date 10/09/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ada, Oguejiofor ..... <b>6</b> Contributor address; City; State; Zip Code  Missouri City, TX 77459	<b>7</b> Amount of Contribution (\$) \$20.00
<b>8</b> Principal occupation / Job title (See Instructions) Resident Physician		<b>9</b> Employer (See Instructions) Houston Methodist Hospital
Date 12/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alejos, Maria ..... Contributor address; City; State; Zip Code  Houston, TX 77023	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Nurse		Employer (See Instructions) Health Insurance
Date 10/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alejos, Mario ..... Contributor address; City; State; Zip Code  McAllen, TX 79501	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not Employed
Date 10/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexander, Bearden ..... Contributor address; City; State; Zip Code  New Brighton, MN 55112	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) College Instructor		Employer (See Instructions) Minnesota State Colleges and Universities
Date 11/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anda, Samantha ..... Contributor address; City; State; Zip Code  El Paso, TX 79928	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/6 Rpt: 5/22
<b>2</b> FILER NAME Cantu-Castle, Esmeralda (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00090109
<b>4</b> Date 10/10/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caballero, Keeisi	<b>7</b> Amount of Contribution (\$) \$100.00
	<b>6</b> Contributor address; City; State; Zip Code  Brownsville, TX 78520	
<b>8</b> Principal occupation / Job title (See Instructions) Manager		<b>9</b> Employer (See Instructions) STVL
Date 10/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniel , Olson	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Minnetonka, MN 55345	
Principal occupation / Job title (See Instructions) Television Production		Employer (See Instructions) Sound80
Date 11/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Mioshe	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  North Chesterfield, VA 23237	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not employed
Date 11/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) De La Cruz Aleman, Aaliyah	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  San Antonio , TX 78228	
Principal occupation / Job title (See Instructions) Military		Employer (See Instructions) Military
Date 10/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores, Alma	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Harlingen, TX 78550	
Principal occupation / Job title (See Instructions) NOT EMPLOYED		Employer (See Instructions) NOT EMPLOYED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/6 Rpt: 6/22
<b>2</b> FILER NAME Cantu-Castle, Esmeralda (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00090109
<b>4</b> Date 12/07/2025	<b>5</b> Full name of contributor Flores, Alma	<b>7</b> Amount of Contribution (\$) \$50.00
	<b>6</b> Contributor address; City; State; Zip Code  Harlingen, TX 78550	
<b>8</b> Principal occupation / Job title (See Instructions) NOT EMPLOYED		<b>9</b> Employer (See Instructions) NOT EMPLOYED
Date 12/16/2025	Full name of contributor Geiger, Edward	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code  South Padre Island , TX 78597	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/09/2025	Full name of contributor Ledford, Michael	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Tunnel hill, GA 30755	
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 10/08/2025	Full name of contributor Lopez, Virginia	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Harlingen, TX 78550	
Principal occupation / Job title (See Instructions) Rad tech		Employer (See Instructions) Exceptional Er
Date 11/10/2025	Full name of contributor Lopez, Virginia	Amount of Contribution (\$) \$6.00
	Contributor address; City; State; Zip Code  Harlingen, TX 78550	
Principal occupation / Job title (See Instructions) Rad tech		Employer (See Instructions) Exceptional Er

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/6 Rpt: 7/22
<b>2</b> FILER NAME Cantu-Castle, Esmeralda (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00090109
<b>4</b> Date 12/08/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, Virginia	<b>7</b> Amount of Contribution (\$) \$6.00
	<b>6</b> Contributor address; City; State; Zip Code  Harlingen, TX 78550	
<b>8</b> Principal occupation / Job title (See Instructions) Rad tech		<b>9</b> Employer (See Instructions) Exceptional Er
Date 10/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montalvo, Russell	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code  College Station, TX 77845	
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions) not employed
Date 12/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mustafa, Rezwan	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Midland , TX 79703	
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Oil&Gas
Date 10/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ninow, Kristine	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Harlingen, TX 78550	
Principal occupation / Job title (See Instructions) Child Development Specialist		Employer (See Instructions) Easterseals
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perez, Joseph	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  Aurora, CO 80012	
Principal occupation / Job title (See Instructions) Military		Employer (See Instructions) Military

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/6 Rpt: 8/22
<b>2</b> FILER NAME Cantu-Castle, Esmeralda (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00090109
<b>4</b> Date 10/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Roman	<b>7</b> Amount of Contribution (\$) \$200.00
	<b>6</b> Contributor address; City; State; Zip Code  San Benito, TX 78586	
<b>8</b> Principal occupation / Job title (See Instructions) Neurotech		<b>9</b> Employer (See Instructions) The Brain Institute
<b>Date</b> 10/08/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Romo, Lawrence	<b>Amount of Contribution (\$)</b> \$200.00
	<b>Contributor address; City; State; Zip Code</b>  San Antonio , TX 78253	
<b>Principal occupation / Job title (See Instructions)</b> Not employed		<b>Employer (See Instructions)</b> Not Employed
<b>Date</b> 11/03/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanchez, Robert	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Contributor address; City; State; Zip Code</b>  Harlingen, TX 78550	
<b>Principal occupation / Job title (See Instructions)</b> not employer		<b>Employer (See Instructions)</b> not employer
<b>Date</b> 10/19/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Sandoval, Edward	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  Lyford, TX 78569	
<b>Principal occupation / Job title (See Instructions)</b> Attorney		<b>Employer (See Instructions)</b> Cameron County
<b>Date</b> 11/24/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Shergold, John	<b>Amount of Contribution (\$)</b> \$750.00
	<b>Contributor address; City; State; Zip Code</b>  Rancho Viejo , TX 78575	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/6 Rpt: 9/22
<b>2</b> FILER NAME Cantu-Castle, Esmeralda (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00090109
<b>4</b> Date 12/28/2025	<b>5</b> Full name of contributor Soria, Daniel	<b>7</b> Amount of Contribution (\$) \$100.00
	<b>6</b> Contributor address; City; State; Zip Code  Brownsville, TX 78521	
<b>8</b> Principal occupation / Job title (See Instructions) Respiratory Therapist		<b>9</b> Employer (See Instructions) Valley Baptist
Date 10/08/2025	Full name of contributor Tapia, Yacaira	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  Edinburg, TX 78542	
Principal occupation / Job title (See Instructions) Production Coordinator		Employer (See Instructions) SpaceX
Date 12/11/2025	Full name of contributor Timm, Frederick	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code  Harlingen, TX 78550	
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 12/31/2025	Full name of contributor khan, Saif	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Arlington, VA 22209	
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Khannections Law
Date 11/03/2025	Full name of contributor wei, Maya	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Austin , TX 78757	
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Apple

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

<p><b>The Instruction Guide explains how to complete this form.</b></p>				<p><b>1</b> Total pages Schedule A2: Sch: 1/2 Rpt: 10/22</p>
<p><b>2</b> FILER NAME Cantu-Castle, Esmeralda (Ms.)</p>				<p><b>3</b> Filer ID (Ethics Commission Filers) 00090109</p>
<p><b>4</b> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS</p>				\$
<p><b>5</b> Date 12/21/2025</p>	<p><b>6</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores, Alma</p> <p><b>7</b> Contributor address; City; State; Zip Code  Harlingen, TX 78550</p>			<p><b>8</b> Amount of contribution (\$) \$400.00</p> <p><b>9</b> In-kind contribution description donated 20 handmade hats and 20 ornaments, to give away at a meet and greet. normal cost</p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>
<p><b>10</b> Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) NOT EMPLOYED</p>			<p><b>11</b> Employer (FOR NON-JUDICIAL) (See instructions) NOT EMPLOYED</p>	
<p><b>12</b> Contributor's principal occupation (FOR JUDICIAL)</p>			<p><b>13</b> Contributor's job title (FOR JUDICIAL) (See instructions)</p>	
<p><b>14</b> Contributor's employer/law firm (FOR JUDICIAL)</p>			<p><b>15</b> Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>	
<p><b>16</b> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>				
<p>Date 12/13/2025</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Geiger, Edward</p> <p>Contributor address; City; State; Zip Code  South Padre Island , TX 78597</p>			<p>Amount of contribution (\$) \$300.00</p> <p>In-kind contribution description conference room at South Padre Island</p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>
<p>Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) retired</p>			<p>Employer (FOR NON-JUDICIAL) (See instructions) not employed</p>	
<p>Contributor's principal occupation (FOR JUDICIAL)</p>			<p>Contributor's job title (FOR JUDICIAL) (See instructions)</p>	
<p>Contributor's employer/law firm (FOR JUDICIAL)</p>			<p>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>	
<p>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>				
<p>Date 12/23/2025</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hacket , Melissa</p> <p>Contributor address; City; State; Zip Code  Harlingen , TX 78550</p>			<p>Amount of contribution (\$) \$3,000.00</p> <p>In-kind contribution description Donated Social Media Marketing till March.</p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>
<p>Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Social Media Content Creator</p>			<p>Employer (FOR NON-JUDICIAL) (See instructions) Self employed</p>	
<p>Contributor's principal occupation (FOR JUDICIAL)</p>			<p>Contributor's job title (FOR JUDICIAL) (See instructions)</p>	
<p>Contributor's employer/law firm (FOR JUDICIAL)</p>			<p>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>	
<p>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>				

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

<p><b>The Instruction Guide explains how to complete this form.</b></p>		<p><b>1</b> Total pages Schedule A2: Sch: 2/2 Rpt: 11/22</p>
<p><b>2</b> FILER NAME Cantu-Castle, Esmeralda (Ms.)</p>		<p><b>3</b> Filer ID (Ethics Commission Filers) 00090109</p>
<p><b>4</b> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS</p>		<p><b>\$</b></p>
<p><b>5</b> Date 12/10/2025</p>	<p><b>6</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ledford, Michael</p> <p><b>7</b> Contributor address; City; State; Zip Code  Tunnel Hill, GA 30755</p>	<p><b>8</b> Amount of contribution (\$) \$800.00</p> <p><b>9</b> In-kind contribution description Car rental for campaign</p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>
<p><b>10</b> Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Not employed</p>		<p><b>11</b> Employer (FOR NON-JUDICIAL) (See instructions) Not employed</p>
<p><b>12</b> Contributor's principal occupation (FOR JUDICIAL)</p>		<p><b>13</b> Contributor's job title (FOR JUDICIAL) (See instructions)</p>
<p><b>14</b> Contributor's employer/law firm (FOR JUDICIAL)</p>		<p><b>15</b> Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>
<p><b>16</b> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>		
<p>Date 12/31/2025</p>		<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ledford, Michael</p> <p>Contributor address; City; State; Zip Code  Tunnel Hill, GA 30755</p>
<p>Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Not employed</p>		<p>Employer (FOR NON-JUDICIAL) (See instructions) Not employed</p>
<p>Contributor's principal occupation (FOR JUDICIAL)</p>		<p>Contributor's job title (FOR JUDICIAL) (See instructions)</p>
<p>Contributor's employer/law firm (FOR JUDICIAL)</p>		<p>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>
<p>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>		

# PLEDGED CONTRIBUTIONS

## SCHEDULE B

<b>The Instruction Guide explains how to complete this form.</b>				<b>1</b> Total pages Schedule B: Sch: 1/2 Rpt: 12/22
<b>2</b> FILER NAME Cantu-Castle, Esmeralda (Ms.)				<b>3</b> Filer ID (Ethics Commission Filers) 00090109
<b>4</b> TOTAL OF UNITEMIZED PLEDGES				\$ 0.00
<b>5</b> Date  12/10/2025	<b>6</b> Full name of pledgor Codina, Matt	<input type="checkbox"/> out-of-state PAC (ID#: .....)	<b>8</b> Amount of pledge (\$)  \$100.00	<b>9</b> In-kind description (If applicable)
	<b>7</b> Pledgor Address;  NV	City; State; Zip Code	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
<b>10</b> Principal occupation / Job title (See Instructions)  Not employed			<b>11</b> Employer (See Instructions)  Not employed	
<b>5</b> Date  12/29/2025	<b>6</b> Full name of pledgor Dahl, Dave	<input type="checkbox"/> out-of-state PAC (ID#: .....)	<b>8</b> Amount of pledge (\$)  \$1,000.00	<b>9</b> In-kind description (If applicable)
	<b>7</b> Pledgor Address;  MN	City; State; Zip Code	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
<b>10</b> Principal occupation / Job title (See Instructions)  Not employed			<b>11</b> Employer (See Instructions)  Not employed	
<b>5</b> Date  12/28/2025	<b>6</b> Full name of pledgor Geiger , Edward	<input type="checkbox"/> out-of-state PAC (ID#: .....)	<b>8</b> Amount of pledge (\$)  \$500.00	<b>9</b> In-kind description (If applicable) check
	<b>7</b> Pledgor Address;  South Padre Island, TX 78597	City; State; Zip Code	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
<b>10</b> Principal occupation / Job title (See Instructions)  Not employed			<b>11</b> Employer (See Instructions)  Not employed	
<b>5</b> Date  12/27/2025	<b>6</b> Full name of pledgor Hernandez, Jose	<input type="checkbox"/> out-of-state PAC (ID#: .....)	<b>8</b> Amount of pledge (\$)  \$100.00	<b>9</b> In-kind description (If applicable)
	<b>7</b> Pledgor Address;  TX	City; State; Zip Code	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
<b>10</b> Principal occupation / Job title (See Instructions)			<b>11</b> Employer (See Instructions)	

# PLEDGED CONTRIBUTIONS

## SCHEDULE B

<b>The Instruction Guide explains how to complete this form.</b>				<b>1</b> Total pages Schedule B: Sch: 2/2 Rpt: 13/22
<b>2</b> FILER NAME Cantu-Castle, Esmeralda (Ms.)				<b>3</b> Filer ID (Ethics Commission Filers) 00090109
<b>4</b> TOTAL OF UNITEMIZED PLEDGES				\$ 0.00
<b>5</b> Date  12/28/2025	<b>6</b> Full name of pledgor Pedraza, Betty	<input type="checkbox"/> out-of-state PAC (ID#: .....)	<b>8</b> Amount of pledge (\$)  \$250.00	<b>9</b> In-kind description (If applicable)  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
	<b>7</b> Pledgor Address;  FL	City; State; Zip Code		
<b>10</b> Principal occupation / Job title (See Instructions) Not employed		<b>11</b> Employer (See Instructions) Not employed		
<b>5</b> Date  12/29/2025	<b>6</b> Full name of pledgor Salazar, Baltazar	<input type="checkbox"/> out-of-state PAC (ID#: .....)	<b>8</b> Amount of pledge (\$)  \$500.00	<b>9</b> In-kind description (If applicable)  check  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
	<b>7</b> Pledgor Address;  TX	City; State; Zip Code		
<b>10</b> Principal occupation / Job title (See Instructions)		<b>11</b> Employer (See Instructions)		
<b>5</b> Date  12/27/2025	<b>6</b> Full name of pledgor shergold, John	<input type="checkbox"/> out-of-state PAC (ID#: .....)	<b>8</b> Amount of pledge (\$)  \$5,000.00	<b>9</b> In-kind description (If applicable)  mailers  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
	<b>7</b> Pledgor Address;  Rancho Viejo , TX 78575	City; State; Zip Code		
<b>10</b> Principal occupation / Job title (See Instructions) Lawyer		<b>11</b> Employer (See Instructions) Law office of Hodge and Shergold		

## LOANS

**SCHEDULE E**

<p><b>The Instruction Guide explains how to complete this form.</b></p>		<p><b>1</b> Total pages Schedule E: Sch: 1/1 Rpt: 14/22</p>
<p><b>2</b> FILER NAME Cantu-Castle, Esmeralda (Ms.)</p>		<p><b>3</b> Filer ID (Ethics Commission Filers) 00090109</p>
<p><b>4</b> TOTAL OF UNITEMIZED LOANS</p>		\$
<p><b>5</b> Date of loan 10/07/2025</p>	<p><b>7</b> Name of lender cantu-castle, Esmeralda</p> <p><input type="checkbox"/> out-of-state PAC (ID#:</p>	<p><b>9</b> Loan Amount (\$) \$4,100.00</p>
<p><b>6</b> Is lender a financial institution? No</p>	<p><b>8</b> Lender address; City; State; Zip Code Harlingen, TX 78550</p>	<p><b>10</b> Interest Rate</p> <p><b>11</b> Maturity Date</p>
<p><b>12</b> Principal occupation / Job title (See Instructions) none</p>		<p><b>13</b> Employer (See Instructions) none</p>
<p><b>14</b> Description of Collateral <input checked="" type="checkbox"/> None</p>		<p><b>15</b> Check if personal funds were deposited into political account <input checked="" type="checkbox"/> (See Instructions)</p>
<p><b>16</b> GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable</p>	<p><b>17</b> Name of guarantor .....</p> <p><b>18</b> Guarantor address; City; State; Zip Code</p>	<p><b>19</b> Amount Guaranteed (\$)</p>
<p><b>20</b> Principal occupation</p>		<p><b>21</b> Employer (See Instructions)</p>

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 1/7 Rpt: 15/22	2 FILER NAME Cantu-Castle, Esmeralda (Ms.)	3 Filer ID (Ethics Commission Filers) 00090109
4 Date 12/31/2025	5 Payee name Act Blue	
6 Amount (\$) \$103.02	7 Payee address; City; State; Zip Code  TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Total fees to process payments.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/22/2025	Payee name Blue Star Agency	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code  10401 W I-10  San Antonio , TX 78230	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website development.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/08/2025	Payee name Burkott , Madison (Miss)	
Amount (\$) \$100.00	Payee address; City; State; Zip Code  1611 W San Marcelo Blvd  Brownsville, TX 78525	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense creation of initial Logo
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 2/7 Rpt: 16/22	2 FILER NAME Cantu-Castle, Esmeralda (Ms.)	3 Filer ID (Ethics Commission Filers) 00090109
4 Date 10/20/2025	5 Payee name De Leon , Jesus	
6 Amount (\$) \$300.00	7 Payee address; City; 1304 E Adams St  Brownsville, TX 78520	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Second payment for Social Media Campaign.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/10/2025	Payee name De Leon , Jesus	
Amount (\$) \$500.00	Payee address; City; 1304 E Adams St  Brownsville, TX 78520	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Creation of initial social media campaign, first payment.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/11/2025	Payee name Diaz, Bernardo	
Amount (\$) \$2,265.00	Payee address; City; 2312 South Tourist Drive  EDINBURG, TX 78539	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Signs
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 3/7 Rpt: 17/22	2 FILER NAME Cantu-Castle, Esmeralda (Ms.)	3 Filer ID (Ethics Commission Filers) 00090109	
4 Date 12/31/2025	5 Payee name H-E-B GAS		
6 Amount (\$) \$20.00	7 Payee address; City; 1095 W Business 77  San Benito, TX 78586		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense gas for traveling to place signs.	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Candidate/Officeholder name	Office sought Office sought	Office held Office held
Date 12/29/2025	Payee name LOWE'S		
Amount (\$) \$134.91	Payee address; City; 4705 S Expwy 77 #83  HARLINGEN, TX 78550		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Poles and zip ties for signs.	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Candidate/Officeholder name	Office sought Office sought	Office held Office held
Date 12/30/2025	Payee name LOWE'S		
Amount (\$) \$230.00	Payee address; City; 4705 S Expwy 77 #83  HARLINGEN, TX 78550		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Poles and zip ties for signs.	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Candidate/Officeholder name	Office sought Office sought	Office held Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 4/7 Rpt: 18/22	2 FILER NAME Cantu-Castle, Esmeralda (Ms.)	3 Filer ID (Ethics Commission Filers) 00090109
4 Date 11/17/2025	5 Payee name TEXTEDLY	
6 Amount (\$) \$39.37	7 Payee address; City; State; Zip Code  TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign texting services.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/18/2025	Payee name TEXTEDLY	
Amount (\$) \$10.64	Payee address; City; State; Zip Code  TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign texting services.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/18/2025	Payee name TEXTEDLY	
Amount (\$) \$50.01	Payee address; City; State; Zip Code  TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign texting service.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 5/7 Rpt: 19/22	2 FILER NAME Cantu-Castle, Esmeralda (Ms.)	3 Filer ID (Ethics Commission Filers) 00090109
4 Date 10/27/2025	5 Payee name THE PRINT PACK SHIP	
6 Amount (\$) \$13.96	7 Payee address; City; State; Zip Code 1327 E Washington Ave  HARLINGEN, TX 78550	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing campaign lit.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/03/2025	Payee name THE PRINT PACK SHIP	
Amount (\$) \$41.89	Payee address; City; State; Zip Code 1327 E Washington Ave  HARLINGEN, TX 78550	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing campaign lit.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/19/2025	Payee name THE PRINT PACK SHIP	
Amount (\$) \$18.15	Payee address; City; State; Zip Code 1327 E Washington Ave  HARLINGEN, TX 78550	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing campaign lit.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 6/7 Rpt: 20/22	2 FILER NAME Cantu-Castle, Esmeralda (Ms.)	3 Filer ID (Ethics Commission Filers) 00090109	
4 Date 11/13/2025	5 Payee name Texas Democratic Party		
6 Amount (\$) \$715.00	7 Payee address; City; 314 Highland Blvd  Austin, TX 78752	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Second VAN payment	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 10/27/2025	Payee name Texas Democratic Party		
Amount (\$) \$715.00	Payee address; City; 314 Highland Blvd  Austin, TX 78752	State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense First VAN payment.	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 11/26/2025	Payee name Texas Democratic Party		
Amount (\$) \$750.00	Payee address; City; 314 Highland Blvd  Austin, TX 78752	State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ballot Fee	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 7/7 Rpt: 21/22	2 FILER NAME Cantu-Castle, Esmeralda (Ms.)	3 Filer ID (Ethics Commission Filers) 00090109	
4 Date 11/03/2025	5 Payee name WM SUPERCENTER		
6 Amount (\$) \$39.73	7 Payee address; City; 1126 US-77  San Benito, TX 78586	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office supply	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Purchase office supply for campaign	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

# UNPAID INCURRED OBLIGATIONS

## SCHEDULE F2

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	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 F2:	2 FILER NAME Sch: 1/1 Rpt: 22/22 Cantu-Castle, Esmeralda (Ms.)	3 Filer ID (Ethics Commission Filers) 00090109	
4	TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$	
5 Date 12/12/2025	6 Payee name FlagShip Campaigns		
7 Amount (\$) \$500.00	8 Payee address; City; State; Zip Code 7926 Broadway 707 San Antonio , TX 78209		
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <ul style="list-style-type: none"> <li><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</li> <li><input type="checkbox"/> Check if Austin, TX, officeholder living expense</li> </ul> Campaign Management	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held