

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 FIRST MI Ms. Esmeralda		OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/15/2026								
	<hr/> NICKNAME LAST SUFFIX Cantu-Castle										
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 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 FIRST MI Mr. Saif M.										
	<hr/> NICKNAME LAST SUFFIX Khan										
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1919 Jackson St. Apt. 1507 Dallas, TX 75201										
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (703) 804-0099										
8 REPORT TYPE	<table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded modified reporting limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH-FR)</td> </tr> </table>			<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)
<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 Day Year Month Day Year 07/01/2025 THROUGH 12/31/2025										
10 ELECTION	ELECTION DATE Month Day Year 03/30/2025		ELECTION TYPE <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								

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FORM C/OH
COVER SHEET PG 2

13 C / OH NAME	Cantu-Castle, Esmeralda (Ms.)	14 Filer ID	(Ethics Commission Filers)
		00090109	

16 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8,637.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4.	TOTAL POLITICAL EXPENDITURES	\$ 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

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.

Signature of Candidate or Officeholder

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

Title of officer administering oath

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

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18 FILER NAME Cantu-Castle, Esmeralda (Ms.)	19 Filer ID (Ethics Commission Filers) 00090109
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20 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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/6 Rpt: 4/22
2 FILER NAME Cantu-Castle, Esmeralda (Ms.)		3 Filer ID (Ethics Commission Filers) 00090109
4 Date 10/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ada, Oguejiofor <hr/> 6 Contributor address; City; State; Zip Code Missouri City, TX 77459	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Resident Physician		9 Employer (See Instructions) Houston Methodist Hospital
Date 12/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alejos, Maria <hr/> 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 <hr/> 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 <hr/> 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 <hr/> 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

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/6 Rpt: 7/22
2 FILER NAME Cantu-Castle, Esmeralda (Ms.)		3 Filer ID (Ethics Commission Filers) 00090109
4 Date 12/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, Virginia <hr/> 6 Contributor address; City; State; Zip Code Harlingen, TX 78550	7 Amount of Contribution (\$) \$6.00
8 Principal occupation / Job title (See Instructions) Rad tech		9 Employer (See Instructions) Exceptional Er
Date 10/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montalvo, Russell <hr/> Contributor address; City; State; Zip Code College Station, TX 77845	Amount of Contribution (\$) \$200.00
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, Rezhwan <hr/> Contributor address; City; State; Zip Code Midland , TX 79703	Amount of Contribution (\$) \$100.00
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 <hr/> Contributor address; City; State; Zip Code Harlingen, TX 78550	Amount of Contribution (\$) \$20.00
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 <hr/> Contributor address; City; State; Zip Code Aurora, CO 80012	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Military		Employer (See Instructions) Military

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ledford, Michael			Amount of contribution (\$) \$300.00	In-kind contribution description Gas - driving me around the district and Austin
Contributor address; City; State; Zip Code Tunnel Hill, GA 30755				<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Not employed			Employer (FOR NON-JUDICIAL) (See instructions) Not employed		
Contributor's principal occupation (FOR JUDICIAL)			Contributor's job title (FOR JUDICIAL) (See instructions)		
Contributor's employer/law firm (FOR JUDICIAL)			Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					

PLEDGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:
Sch: 1/2 Rpt: 12/22

2 FILER NAME
Cantu-Castle, Esmeralda (Ms.)

3 Filer ID (Ethics Commission Filers)
00090109

4 TOTAL OF UNITEMIZED PLEDGES

\$ 0.00

5 Date

12/10/2025

6 Full name of pledgor ☐ out-of-state PAC (ID#: _____)
Codina, Matt
7 Pledgor Address; City; State; Zip Code

NV

8 Amount of pledge (\$)
\$100.00
9 In-kind description (If applicable)

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

5 Date

12/29/2025

6 Full name of pledgor ☐ out-of-state PAC (ID#: _____)
Dahl, Dave
7 Pledgor Address; City; State; Zip Code

MN

8 Amount of pledge (\$)
\$1,000.00
9 In-kind description (If applicable)

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)
Not employed

11 Employer (See Instructions)
Not employed

5 Date

12/28/2025

6 Full name of pledgor ☐ out-of-state PAC (ID#: _____)
Geiger , Edward
7 Pledgor Address; City; State; Zip Code

South Padre Island, TX 78597

8 Amount of pledge (\$)
\$500.00
9 In-kind description (If applicable)
check

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)
Not employed

11 Employer (See Instructions)
Not employed

5 Date

12/27/2025

6 Full name of pledgor ☐ out-of-state PAC (ID#: _____)
Hernandez, Jose
7 Pledgor Address; City; State; Zip Code

TX

8 Amount of pledge (\$)
\$100.00
9 In-kind description (If applicable)

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

PLEDGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:
Sch: 2/2 Rpt: 13/22

2 FILER NAME
Cantu-Castle, Esmeralda (Ms.)

3 Filer ID (Ethics Commission Filers)
00090109

4 TOTAL OF UNITEMIZED PLEDGES

\$ 0.00

5 Date

12/28/2025

6 Full name of pledgor ☐ out-of-state PAC (ID#: _____)
Pedraza, Betty
7 Pledgor Address; City; State; Zip Code

FL

8 Amount of pledge (\$)
\$250.00
9 In-kind description (If applicable)

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)
Not employed

11 Employer (See Instructions)
Not employed

5 Date

12/29/2025

6 Full name of pledgor ☐ out-of-state PAC (ID#: _____)
Salazar, Baltazar
7 Pledgor Address; City; State; Zip Code

TX

8 Amount of pledge (\$)
\$500.00
9 In-kind description (If applicable)
check

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

5 Date

12/27/2025

6 Full name of pledgor ☐ out-of-state PAC (ID#: _____)
shergold, John
7 Pledgor Address; City; State; Zip Code

Rancho Viejo , TX 78575

8 Amount of pledge (\$)
\$5,000.00
9 In-kind description (If applicable)
mailers

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)
Lawyer

11 Employer (See Instructions)
Law office of Hodge and Shergold

LOANS

SCHEDULE E

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

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
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 <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> 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
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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
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; State; Zip Code 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 <u>ONLY</u> 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; State; Zip Code 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 <u>ONLY</u> 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; State; Zip Code 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 <u>ONLY</u> 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
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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
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; State; Zip Code 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/29/2025	Payee name LOWE'S	
Amount (\$) \$134.91	Payee address; City; State; Zip Code 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/30/2025	Payee name LOWE'S	
Amount (\$) \$230.00	Payee address; City; State; Zip Code 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 <u>ONLY</u> 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
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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
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 <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> 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
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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
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 <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/03/2025	Candidate/Officeholder name Office sought Office held	
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 <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/19/2025	Candidate/Officeholder name Office sought Office held	
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 <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
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; State; Zip Code 314 Highland Blvd Austin, TX 78752	
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 <u>ONLY</u> 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; State; Zip Code 314 Highland Blvd Austin, TX 78752	
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 <u>ONLY</u> 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; State; Zip Code 314 Highland Blvd Austin, TX 78752	
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 <u>ONLY</u> 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
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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
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; State; Zip Code 1126 US-77 San Benito, TX 78586	
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 <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: Sch: 1/1 Rpt: 22/22	2 FILER NAME 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Management
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held