Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 512/463-5800 1-800-325-8506

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT # (Ethics Commission filers)

2 Total pages filed: 1 + 113 148

3 CANDIDATE / OFFICEHOLDER NAME
TITLE | FIRST: Julian | MI
NICKNAME | LAST: Castro | SUFFIX

4 CANDIDATE / OFFICEHOLDER ADDRESS
☐ Change of Address
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
715 E. Sunshine
San Antonio, TX 78228

5 CAMPAIGN TREASURER NAME
TITLE | FIRST: Rosie | MI
NICKNAME | LAST: Castro | SUFFIX

OFFICE USE ONLY
Date Received
Date Hand-delivered or Date Postmarked
Receipt # | Amount
Date Processed
Date Imaged

6 CAMPAIGN TREASURER ADDRESS (Residence or business)
STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
143 Globe
San Antonio, TX 78228

7 CAMPAIGN TREASURER PHONE
AREA CODE | PHONE NUMBER | EXTENSION
(210) 436-5284

8 REPORT TYPE
☒ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)
☐ July 15 ☐ 8th day before election ☐ Exceeded $500 limit ☐ Final report (Attach C/OH - FR)

9 PERIOD COVERED
Month Day Year: 01 / 01 / 2002 THROUGH Month Day Year: 12 / 31 / 2002

10 ELECTION
ELECTION DATE Month Day Year: 05 / 03 / 03
ELECTION TYPE: ☐ Primary ☐ Runoff ☒ General ☐ Special

11 OFFICE
OFFICE HELD (if any): City Council District 7

12 OFFICE SOUGHT (if known)

13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS
** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **
Name
Address / PO Box; Apt. / Suite #; City; State; Zip Code
☐ additional pages

GO TO PAGE 2

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

15 ACCOUNT # (Ethics Commission filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

•• This box is for notice of political expenditures by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ••

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

17 NO REPORTABLE ACTIVITY

☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION TOTALS

	1. TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ -0-
	2. **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 16,050.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ -0-
	4. **TOTAL POLITICAL EXPENDITURES**	$ 9,574.35
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ -0-

19 AFFIDAVIT

ANDREW BORREGO
NOTARY PUBLIC
STATE OF TEXAS
My Comm Exp. 08-07-2005

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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Julian Castro, this the 15th day of January, 20 03, to certify which, witness my hand and seal of office.

Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath
	Andrew Borrego	Notary

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: ~~3/15~~ 8K

2 FILER NAME: Castro, Julián

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
7/22/02	G. W. Worth Jr. 6929 Camp Bullis Rd. San Antonio, TX 78256	1,000.00	

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8/28/02	Wm. D. Balthrope 4242 N. PanAm Expwy. San Antonio, TX 78218	400.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8/29/02	Patricia A. Flynn 200 Bluffcove San Antonio, TX 78216	500.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8/28/02	Soules & Wallace 100 W. Houston Ste. 1500 San Antonio, TX 78205	500.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8/31/02	Texas Bell Employee PAC 1616 Guadalupe Ste. 501 ~~San Antonio~~ Austin, TX 78701	100.00	

Principal occupation (Optional)	Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: ~~4/13~~ 8pc

2 FILER NAME: Castro, Julián

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#:_____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
8/30/02	Alfonso Chuscano 15243 Pebble Cove San Antonio, TX 78232	100.00	

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/3/02	Ernest Bromley 104 E. Elsmere San Antonio, TX 78212	500.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/3/02	Bernard Lifshutz 215 W. Travis San Antonio, TX 78205	100.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/4/02	Chief Justice Alfonso Chapa Campaign 212 Stumberg, Suite 208 San Antonio, TX 78204	500.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/4/02	Rudi Rodriguez 9323 Whisper Point San Antonio, TX 78240	100.00	

Principal occupation (Optional)	Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: ~~5/13~~ 8

2 FILER NAME: Castro, Julián

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#: ____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
9/4/02	Henry G. Cisneros 454 Soledad Suite 300 San Antonio, TX 78205	500.00	

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor (☐ out-of-state PAC (ID#: ____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/4/02	Law Offices of Aric J. Garza 115 E. Travis, Suite 1039 San Antonio, TX 78205	50.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor (☐ out-of-state PAC (ID#: ____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/4/02	Carlos and Leslie Balido 112 Westcourt Lane San Antonio, TX 78257	200.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor (☐ out-of-state PAC (ID#: ____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/4/02	Gregory R. Garza 15527 Down Crest San Antonio, TX 78248	250.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor (☐ out-of-state PAC (ID#: ____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/4/02	Rene Gonzalez 9414 Fairland San Antonio, TX 78230	250.00	

Principal occupation (Optional)	Employer (Optional)

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SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: ~~6~~ ~~7~~ ~~4~~ 9C 8

2 FILER NAME: Castro, Julián

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
9/4/02	San Antonio Police Officers Association 1939 NE Loop 410 #230 San Antonio, TX 78217	1,000.00	

9 Principal occupation (Optional): 10 Employer (Optional):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/4/02	San Antonio Firefighters PAC 8925 IH-10 West San Antonio, TX 78230	1,000.00	

Principal occupation (Optional): Employer (Optional):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/4/02	Douglas Beach 217 Alamo Plaza, Suite 300 San Antonio, TX 78205	500.00	

Principal occupation (Optional): Employer (Optional):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/4/02	ASP Ventures Address unknown — to be amended	300.00	

Principal occupation (Optional): Employer (Optional):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/5/02	Fulbright + Jawarski TX Committee 1301 McKinney, Suite 5100 Houston, TX 77010	1,000.00	

Principal occupation (Optional): Employer (Optional):

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 7 of 8

2 FILER NAME: Castro, Julián

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
9/4/02	Angel Jose Gonzalez II 301 Encino Ave. San Antonio, TX 78209	100.00	

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/4/02	John T. Montford 1 Buckingham Court San Antonio, TX 78257	100.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/6/02	David Starr 2161 NW Military Hwy Suite 111 San Antonio, TX 78213	1,500.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/9/02	Law Offices Maloney + Maloney 2000 Milam Bldg, 115 E. Travis San Antonio, TX 78205	1,000.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/9/02	Mr. + Mrs. Peter Holt 2491 Little Blanco Rd. Blanco, TX 78608	1,000.00	

Principal occupation (Optional)	Employer (Optional)

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(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: ~~8 of 24~~ 8

2 FILER NAME: Castro, Julián

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
9/9/02	Hill-Granados Retail Partners 10223 Mc Allister Fwy. Suite 200 San Antonio, TX 78216	250.00	

9 Principal occupation (Optional):
10 Employer (Optional):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/17/02	Rex Holt 12300 Mulhoiland Dr. Beverly Hills, CA 90210	1000.00	

Principal occupation (Optional):
Employer (Optional):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/23/02	Gerald + Andrea Lee 1226 C. Sunshine San Antonio, TX 78228	750.00	

Principal occupation (Optional):
Employer (Optional):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/2/02	Theodore Whitley Chandler 1095 Winsor Ave. Piedmont, CA 94610	25.00	

Principal occupation (Optional):
Employer (Optional):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/3/02	George Bird 7811 Valley Trails San Antonio, TX 78250	100.00	

Principal occupation (Optional):
Employer (Optional):

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SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

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1 Total pages this Schedule A1: ~~3/4 pg.~~ 8

2 FILER NAME: Castro, Julián

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/3/02	Margaret Mireles 329 Mary Louise San Antonio, TX 78201	50.00	

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/3/02	Fidel + Grace Herrera 2520 W. Salinas San Antonio, TX 78207	100.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/3/02	David Cantu 69 Vaughn San Antonio, TX 78201	25.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
12/13/02	Arturo Suarez 6947 Country Elm San Antonio, TX 78240	100.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/5/02	Shelton Padgett 300 Convent St., Suite 1500 San Antonio, TX 78205	500.00	

Principal occupation (Optional)	Employer (Optional)

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SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

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1 Total pages this Schedule A1: 8

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
9/4/02	Baltazar Serna 120 Villita San Antonio TX 78205	$—	$600.00 Rental/food/drinks

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation (Optional)	Employer (Optional)

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: ~~10/13~~ 4x

2 FILER NAME: CASTRO, JULIÁN

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
12/13/02	Joaquin Castro Campaign 143 Globe San Antonio TX 78228	1000.00

8 Purpose of payment (See instructions regarding type of information required.): political contribution

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name: Joaquin Castro
Office sought: State Rep. Dist. 125
Office held:

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
11/1/02	JOVEN 102 W. White San Antonio TX 78214	$ 250.00

Purpose of payment (See instructions regarding type of information required.): Event sponsorship

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name:
Office sought:
Office held:

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
11/05/02	Sprint PCS PO Box 219718 Kansas City, MO 64121 ~~Phone - Aug - Sept. '02~~	$ 250.00

Purpose of payment (See instructions regarding type of information required.): Phone Aug - Sept '02

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name:
Office sought:
Office held:

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/29/02	Joaquin Castro Campaign 143 Globe San Antonio TX 78228	$ 3000.00

Purpose of payment (See instructions regarding type of information required.): political contribution

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name: Joaquin Castro
Office sought: State Rep. Dist. 125
Office held:

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: ~~H/13~~ 4x

2 FILER NAME: CASTRO, JULIAN

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
12/16/02	Ryan's Restaurant 7200 Bandera Rd. San Antonio, TX 78238	$355.97

8 Purpose of payment (See instructions regarding type of information required.): Dist. 7 Neighborhood leaders Christmas dinner

9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
12/20/02	Chris Castro 5100 NW Lp 410 #2405 San Antonio TX 78229	$43.09

Purpose of payment (See instructions regarding type of information required.): Reimbursement

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
12/10/02	San Antonio Post ~~[illegible]~~ P.O. PO Box 14463 San Antonio TX 78214	$50.00

Purpose of payment (See instructions regarding type of information required.): advertisement

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
12/2/02	Chris Castro 5100 NW Lp 410 #2405 San Antonio TX 78229	$540.29

Purpose of payment (See instructions regarding type of information required.): Reimbursement

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name | Office sought | Office held

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: ~~12/13~~ 4pc

2 FILER NAME: CASTRO, JULIAN

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
11/22/02	Prime time Publishing 17400 Judson Rd San Antonio TX 78247	$170.00

8 Purpose of payment (See instructions regarding type of information required.): Southside Reporter ad

9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/16/02	City of San Antonio PO Box 839966 San Antonio TX	$20.00

Purpose of payment (See instructions regarding type of information required.): Event ticket

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
11/29/02	San Antonio Post PO Box 14463 San Antonio TX 78214	$200.00

Purpose of payment (See instructions regarding type of information required.): ad

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
12/20/02	Chris Castro 5100 NW Lp 410 #2405 San Antonio TX 78229	$100.00

Purpose of payment (See instructions regarding type of information required.): Reimbursement for event tickets

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name | Office sought | Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 13/13 4gc

2 FILER NAME CASTRO, JULIÁN

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/30/02	Joaquin Castro Campaign 143 Globe San Antonio, TX 78228	$ 3000.00

8 Purpose of payment (See instructions regarding type of information required.): political contribution

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name: Joaquin Castro
Office sought: State Rep. Dist. 125
Office held:

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
11/25/02	Sprint PCS PO Box 219718 Kansas City, MO 64121	$ 245.00

Purpose of payment (See instructions regarding type of information required.): Phone Oct. Nov '02

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name:
Office sought:
Office held:

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
11/12/02	Unity Banquet 5302 Arrowhead San Antonio, TX 78208	$ 100.00

Purpose of payment (See instructions regarding type of information required.): sponsorship

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name:
Office sought:
Office held:

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
12/16/02	Sprint PCS PO Box 219718 Kansas City MO 64121	$ 250.00

Purpose of payment (See instructions regarding type of information required.): Phone Nov. - Dec '02 (partial)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name:
Office sought:
Office held:

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Printed on recycled paper

Revised 04/04/2000