POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 52

2 FILER NAME: JULIAN CASTRO

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
1-4-05	City of San Antonio Martin Luther King Jr. Celebration P.O. Box 839975 SAN ANTONIO, TX 78238	$150.00

8 Purpose of payment (See instructions regarding type of information required.): Booth Fee

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 ($)
1-5-05	Adam Globus-Hoenick 139 LEXINGTON ROAD LINCOLN, MA 01773	$100.00

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

•• 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 ($)
12-15-04	Leticia (Montoya) Cantu 8719 CHARTES SAN ANTONIO, TX 78240	$1,000.00

Purpose of payment (See instructions regarding type of information required.): Dec. 2004 Political Consultant

•• 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 ($)
1-12-05	WOAI TV P.O. Box 2641 SAN ANTONIO, TX 78299	$4046.00

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

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

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 7 52

2 FILER NAME JULIAN CASTRO

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
1/10/05	Philip CORTEZ 351 McNARNEY SA, TX 78211	4.29

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

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 ($)
1/19/05	Philip CORTEZ 351 McNARNEY SA, TX 78211	78.39

Purpose of payment (See instructions regarding type of information required.): REIMBURSEMENT Home Depot

•• 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 ($)
1/30/05	DOMINO'S PIZZA 11848 BANDERA Rd SA, TX 78238	72.98

Purpose of payment (See instructions regarding type of information required.): FOOD FOR ANNOUNCEMENT PARTY

•• 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 ($)

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

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

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 52

2 FILER NAME: JULIAN CASTRO

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount (S)
1-6-05	BRENT GILMORE - Periscope Depth 136 BLUE STAR SAN ANTONIO, TX 78204	$325.00 (E)

8 Purpose of payment (See instructions regarding type of information required.): OUTDOOR BULLETIN

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 (S)
1-10-05	Leticia Cantu 8719 CHARTES SAN ANTONIO, TX 78240	$1600.00 (E)

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 (S)
1-10-05	MARIA RAMIREZ 5804 BABCOCK RD # 223 SAN ANTONIO, TX 78240	$169.40 (E)

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 (S)
1-12-05	LOWE'S 1470 AUSTIN HWY SAN ANTONIO, TX 78209	$105.76 (E)

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

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

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POLITICAL EXPENDITURES

SCHEDULE F

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1 Total pages Schedule F: 52

2 FILER NAME: JULIAN CASTRO

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
2/11/05	ESMERALDA RODRIGUEZ 240 W. SUNBELT LOOP SEGUIN, TX 78155	3.00

8 Purpose of payment (See instructions regarding type of information required.): REIMBURSEMENT CLEANERS

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 ($)
2/11/05	VICTOR SOTO 1033 W. MISTLETOE, APT 5 SA, TX 78201	10.00

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

•• 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 ($)
2/15/05	SCOTT FEINSTEIN 1400 Medical Dr Apt 302 San Antonio TX 78229	104.55

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

•• 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 ($)
3/27/05	Pay Pal	402.54

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

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

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POLITICAL EXPENDITURES

SCHEDULE F

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1 Total pages Schedule F: 52

2 FILER NAME: JULIAN CASTRO

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
1/28/05	DEBBIE MARTINEZ 8648 BUCKSKIN SA, TX 78230	32.31 ~~101.77~~ ~~39.91~~

8 Purpose of payment (See instructions regarding type of information required.): REIMBURSEMENT OFFICE SUPPLIES

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 ($)
1/11/05	PAPER CHASE GRAFIX SOLUTION ~~[illegible]~~ 711 NAVARRO SA, TX 78205	74.35

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

•• 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 ($)
1/24/05	KINKOS 4418 BROADWAY SA, TX 78209	26.85

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

•• 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 ($)
1/28/05	TOMMY CALVERT 1615 BROADWAY SA, TX 78215	10.00

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: 52

2 FILER NAME: JULIAN CASTRO

3 ACCOUNT # (Ethics Commission filers): 17

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount (S)
1-12-05	KENS-TV 5400 FREDERICKSBURG SAN ANTONIO, TX 78229	$5,355.00

8 Purpose of payment (See instructions regarding type of information required.): T.V. Ads

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 (S)
1-12-05	Time Warner Cable Sales 900 ARION PARKWAY, STE 101 SAN ANTONIO, TX 78216	$2,788.00

Purpose of payment (See instructions regarding type of information required.): T.V. Ads

•• 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 (S)
1-12-05	KSAT-TV 1408 N. ST. MARY'S SAN ANTONIO, TX 78215	$6,375.00

Purpose of payment (See instructions regarding type of information required.): T.V. Ads

•• 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 (S)
1-12-05	KWEX-TV 411 EAST DURANGO BLVD SAN ANTONIO, TX 78204	$4,377.50

Purpose of payment (See instructions regarding type of information required.): T.V. Ads

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

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POLITICAL EXPENDITURES

SCHEDULE F

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1 Total pages Schedule F: 52

2 FILER NAME: JULIAN CASTRO

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
1-18-05	Ma Harper's Creole Kitchen 2351 E. COMMERCE STREET SAN ANTONIO, TX 78203	$250.00

8 Purpose of payment (See instructions regarding type of information required.): Food FOR Eastside Listening Tour

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 ($)
1-19-05	KINKO'S 4418 BROADWAY SAN ANTONIO, TX 78209	$162.35

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

•• 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 ($)
1-19-05	Gilbert Gallegos 402 W. WINNIPEG SAN ANTONIO, TX 78225	$500.00

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

•• 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 ($)

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

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

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POLITICAL EXPENDITURES

SCHEDULE F

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1 Total pages Schedule F: 52

2 FILER NAME: JULIAN CASTRO

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
1-12-05	KVDA-TV 6234 SAN PEDRO AVE SAN ANTONIO, TX 78216	$943.50

8 Purpose of payment (See instructions regarding type of information required.): T.V. Ads

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 ($)
1-12-05	Pablo Escamilla 711 NAVARRO SAN ANTONIO, TX 78205	$1,000.00

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

•• 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 ($)
1-14-05	MUNGIA PRINTERS 2201 BUENA VISTA STREET SAN ANTONIO, TX 78207	$583.28

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

•• 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 ($)
1-20-05	U.S. Postmaster ~~UNIVERSITY PARK STA~~ 414 Bandera Rd. SAN ANTONIO, TX 78228	$207.00

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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

RECEIVED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 52

2 FILER NAME: JULIAN CASTRO

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address: City; State; Zip Code	7 Amount ($)
1-20-05	KEVIN ~~[illegible]~~ LOPEZ 602 E. LOCUST SAN ANTONIO, TX 78212	$4,500.00

8 Purpose of payment (See instructions regarding type of information required.): ~~Political~~ Consulting campaign ~~contribution~~

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 ($)
1-21-05	TOMMY CALVERT 3607 TUSCANY DRIVE SAN ANTONIO, TX 78219	$2,000.00

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

•• 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 ($)
1-21-05	Hewitt Company 700 RIO GRANDE AUSTIN, TX 78701	$3,559.00

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

•• 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 ($)
1-21-05	Leticia Cantu 8719 CHARTES SAN ANTONIO, TX 78240	$1,000.00

Purpose of payment (See instructions regarding type of information required.): campaign consultant/schedule

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

RECEIVED CITY SECRETARY

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 52

2 FILER NAME: JULIAN CASTRO

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address: City; State; Zip Code	7 Amount (S)
1-21-05	Kay Diaz 1615 BROADWAY SAN ANTONIO, TX 78215	$4,000.00

8 Purpose of payment (See instructions regarding type of information required.): Rent Dec.-Jan. & Jan.-Feb.

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 (S)
1-21-05	Blue Clover Studio 554 SOLEDAD SAN ANTONIO, TX 78205	$1,500.00

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

•• 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 (S)
1-21-05	Philip Cortez 351 McNARNEY SAN ANTONIO, TX 78211	$500.00

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

•• 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 (S)
1-24-05	Debra Martinez 8648 BUCKSKIN DRIVE BOERNE, TX 78230	$2,000.00

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

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

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RECEIVED CITY SECRETARY'S OFFICE

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 52

2 FILER NAME: JULIAN CASTRO

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
1/22/05	YOLANDA GUAJARDO 210 SAN CARLOS SA, TX 78207	379.00

8 Purpose of payment (See instructions regarding type of information required.): BLOCK WALKING TEAM

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 ($)
1/23/05	YOLANDA GUAJARDO 210 SAN CARLOS SA, TX 78207	351.00

Purpose of payment (See instructions regarding type of information required.): BLOCK WALKING TEAM

•• 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 ($)
1/29/05	YOLANDA GUAJARDO 210 SAN CARLOS SA, TX 78207	379.00

Purpose of payment (See instructions regarding type of information required.): BLOCK WALKING TEAM

•• 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 ($)
1/30/05	YOLANDA GUAJARDO 210 SAN CARLOS SA, TX 78207	190.00

Purpose of payment (See instructions regarding type of information required.): BLOCK WALKING TEAM

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

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RECEIVED CITY OF SAN ANTONIO CITY CLERK

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

POLITICAL EXPENDITURES

SCHEDULE F

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1 Total pages Schedule F: 52

2 FILER NAME: JULIAN CASTRO

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
1/24/05	ADAM GLOBUS-HOENICH 159 LEXINGTON RD LINCOLN, MA 01773	$125.00

8 Purpose of payment (See instructions regarding type of information required.): GRAPHIC WEBSITE

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 ($)
1/24/05	SBC P.O. BOX 650487 DALLAS, TX 75265	$95.00

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

•• 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 ($)
1/24/05	SAN ANTONIO BOTANICAL SOCIETY P.O. BOX 6569 SAN ANTONIO, TX 78209	$300.00

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

•• 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 ($)
1/24/05	SAN ANTONIO BOTANICAL SOCIETY P.O. BOX 6569 SAN ANTONIO, TX 78209	$895.00

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

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

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RECEIVED CITY CLERK SAN ANTONIO

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

POLITICAL EXPENDITURES

SCHEDULE F

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1 Total pages Schedule F: 52

2 FILER NAME: JULIAN CASTRO

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
1/26/05	BAUHAUS 1212 E. EUCLID AVE SAN ANTONIO, TX 78212	$812.00

8 Purpose of payment (See instructions regarding type of information required.): TV AD COPIES

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 ($)
1/28/05	McCOY 5500 BANDERA ROAD SAN ANTONIO, TX 78238	$172.29

Purpose of payment (See instructions regarding type of information required.): STAKES - 10 BUNDLES

•• 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 ($)
1/28/05	ZUBIEWARE 4430 CENTER GATE SAN ANTONIO, TX 78217	$5,740.02

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

•• 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 ($)
1/12/05	THE VIVA PARTNERSHIP 1100 NW LOOP 410, STE 420 SAN ANTONIO, TX 78213	$1,140.00

Purpose of payment (See instructions regarding type of information required.): MEDIA BUYS + SPOT PLACEMENT

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

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RECEIVED CITY CLERK SAN ANTONIO

POLITICAL EXPENDITURES

SCHEDULE F

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1 Total pages Schedule F: 52

2 FILER NAME: JULIAN CASTRO

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
1-25-05	US Postmaster LAUREL HEIGHTS STATION (2400 McCullough SAN ANTONIO, TX 78212	$23.00

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

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 ($)
1-26-05	San Antonio Light Newspaper P.O. BOX 5535 SAN ANTONIO, TX 78201	$300.00

Purpose of payment (See instructions regarding type of information required.): Web 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 ($)
1-28-05	MUNGIA PRINTERS 2201 BUENA VISTA STREET SAN ANTONIO, TX 78207	$583.28

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

•• 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 ($)
1-6-05	BEAU HAUS 1212 E. EUCLID SAN ANTONIO, TX 78212	$2,452.50

Purpose of payment (See instructions regarding type of information required.): TV Ad Studio

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

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

POLITICAL EXPENDITURES

SCHEDULE F

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1 Total pages Schedule F: 52

2 FILER NAME: JULIAN CASTRO

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
1/28/05	SHIRT MASTER 1921 FREDERICKSBURG SAN ANTONIO, TX 78201	$1,444.00

8 Purpose of payment (See instructions regarding type of information required.): T-SHIRTS

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 ($)
1/30/05	BROADWAY SPECIALTY GROUP 918 HOEFGEN SAN ANTONIO, TX 78210	$1,250.00

Purpose of payment (See instructions regarding type of information required.): STAGE, SOUND ANNOUNCEMENT

•• 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 ($)
1/30/05	MARIA ~~RODRIGUEZ~~ RAMIREZ 5804 BABCOCK ROAD #223 SAN ANTONIO, TX 78240	$83.87

Purpose of payment (See instructions regarding type of information required.): DECORATIONS - ANNOUNCEMENT

•• 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 ($)

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

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

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POLITICAL EXPENDITURES

SCHEDULE F

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1 Total pages Schedule F: 52

2 FILER NAME: JULIAN CASTRO

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
2/1/05	KEVIN LOPEZ 602 E. LOCUST SAN ANTONIO, TX 78212	$4,400.00

8 Purpose of payment (See instructions regarding type of information required.): CONSULTING SERVICES

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 ($)
2/1/05	JEFF HEWITT 700 RIO GRANDE AUSTIN, TX 78701	$3,000.00

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

•• 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 ($)
2/1/05	KAREN GALLAGHER 421 HAPPY TRAIL SAN ANTONIO, TX 78251	$2,000.00

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

•• 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 ($)
2/1/05	GILBERT GALLEGOS 902 WINNIPEG SAN ANTONIO, TX 78225	$250.00

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

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

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 52

2 FILER NAME: JULIAN CASTRO

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
2/5/05	YOLANDA GUAJARDO 210 SAN CARLOS SA, TX 78207	379.00

8 Purpose of payment (See instructions regarding type of information required.): BLOCK WALKING TEAM

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 ($)
2/12/05	YOLANDA GUAJARDO 210 SAN CARLOS SA, TX 78207	323.00

Purpose of payment (See instructions regarding type of information required.): BLOCK WALKING TEAM

•• 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 ($)
2/13/05	YOLANDA GUAJARDO 210 SAN CARLOS SA, TX 78207	379.00

Purpose of payment (See instructions regarding type of information required.): BLOCK WALKING TEAM

•• 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 ($)
2/19/05	YOLANDA GUAJARDO 210 SAN CARLOS SA, TX 78207	323.00

Purpose of payment (See instructions regarding type of information required.): BLOCK WALKING TEAM

•• 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: 52

2 FILER NAME: JULIAN CASTRO

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
2/2/05	DEBRA MARTINEZ 8648 BUCKSKIN DRIVE SAN ANTONIO, TX 78230	$513.66

8 Purpose of payment (See instructions regarding type of information required.): REIMBURSEMENT OFFICE SUPPLIES

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 ($)
2/3/05	RTC Florist 14200 FREDERICKSBURG RD SAN ANTONIO, TX 78201	$78.12

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

•• 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 ($)
2/3/05	LETICIA CANTU 8719 CHARTES SAN ANTONIO, TX 78240	$262.[illegible]

Purpose of payment (See instructions regarding type of information required.): REIMBURSEMENT OFFICE SUPPLIES

•• 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 ($)
2/7/05	McCOYS 5500 BANDERA ROAD SAN ANTONIO, TX 78238	$60.31

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

•• 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: 52

2 FILER NAME: JULIAN CASTRO

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
2/22/05	IN HOUSE Consulting 1007 S. Alamo SA, TX 78210	455.00

8 Purpose of payment (See instructions regarding type of information required.): LETTERS, RESEARCH AND DEVELOPMENT

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 ($)
2/22/05	NATIONAL BLUEPRINT 8438 GAULT LANE SA, TX 78209	72.73

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

•• 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 ($)
2/15/05	Philip CORTEZ 351 McNARNEY SA, TX 78211	99.99

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

•• 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 ($)
2/3/05	LETICIA CANTU 8719 CHARTES SA, TX 78240	109.83

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: 52

2 FILER NAME: JULIAN CASTRO

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
2/11/15	MUNGIA PRINTERS 2201 BUENA VISTA SAN ANTONIO, TX 78207	$798.46

8 Purpose of payment (See instructions regarding type of information required.): PUSH CARDS

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 ($)
2/10/15	Julian Castro 1615 BROADWAY SAN ANTONIO, TX 78215	$175.00

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 ($)
2/10/15	ADAM SLOBUS-HOENICH 139 LEXINGTON ROAD LINCOLN, MA 01773	$100.00

Purpose of payment (See instructions regarding type of information required.): WEBSITE + GRAPHICS

•• 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 ($)
2/15/15	PHILIP A. CURIEL 351 McNARNEY SAN ANTONIO, TX 78211	$769.95

Purpose of payment (See instructions regarding type of information required.): CONSULTING + SUPPLIES 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: 52

2 FILER NAME: JULIAN CASTRO

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address: City; State; Zip Code	7 Amount ($)
2/15/05	LETICIA CANTU 8719 CHARTES SAN ANTONIO, TX 78240	$1,000.00

8 Purpose of payment (See instructions regarding type of information required.): CAMPAIGN SCHEDULER

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 ($)
2/15/05	ERICA LIRA 105 LECOMPTE SAN ANTONIO, TX 78214	$111.00

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

•• 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 ($)
2/16/05	ZUBIEWEAR 4430 CENTER GATE SAN ANTONIO, TX 78217	$2,882.98

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

•• 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 ($)
2/16/05	McCoy 5500 BANDERA ROAD SAN ANTONIO, TX 78238	$51.70

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

•• 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: 52

2 FILER NAME: JULIAN CASTRO

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
2/17/05	GILBERT GALLEGOS 902 W. WINNIPEG SAN ANTONIO, TX 78225	$250.00

8 Purpose of payment (See instructions regarding type of information required.): SIGN DISTRIBUTION

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 ($)
2/17/05	DEBRA SPENCER 1062 AVE H SAN ANTONIO, TX 78220	$46.65

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

•• 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 ($)
2/18/05	U.S. POSTMASTER ALAMO HEIGHTS 4801 Broadway SAN ANTONIO, TX 78209	$37.00

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

•• 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 ($)
2/18/05	DEBBIE MARTINEZ 8648 BUCKSKIN DRIVE SAN ANTONIO, TX 78230	$1,591.49

Purpose of payment (See instructions regarding type of information required.): CONSULTANT FEES / REIMBURSEMENT SUPPLIES

•• 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: 52

2 FILER NAME: JULIAN CASTRO

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount (S)
2/21/05	KINKO'S 4418 BROADWAY SAN ANTONIO, TX 78209	$83.17

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

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 (S)
2/21/05	ALLIED 3700 BLANCO ROAD SAN ANTONIO, TX 78212	$1,800.00

Purpose of payment (See instructions regarding type of information required.): SIGNS & BUMPER STICKERS

•• 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 (S)
2/22/05	HEWITT CAMPAIGNS 700 RIO GRANDE AUSTIN, TX 78701	$3,926.00

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

•• 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 (S)
2/23/05	REY DIAZ 1615 BROADWAY SAN ANTONIO, TX 78215	$2000.00

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

•• 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: 52

2 FILER NAME: JULIAN CASTRO

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
2/24/05	McCOY 8212 SOUTH PRESA SAN ANTONIO, TX 78223	$603.08

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

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 ($)
2/25/05	MUNGIA PRINTERS 2201 BUENA VISTA STREET SAN ANTONIO, TX 78207	$1,222.81

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

•• 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 ($)

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

•• 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 ($)

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

•• 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: 52

2 FILER NAME: JULIAN CASTRO

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount (S)
2/1/05	DEBBIE MARTINEZ 8648 BUCKSKIN SA, TX 78230	101.77

8 Purpose of payment (See instructions regarding type of information required.): REIMBURSEMENT OFFICE SUPPLIES

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 (S)
2/22/05	Philip CORTEZ 351 MCNARNEY SA, TX 78211	37.91

Purpose of payment (See instructions regarding type of information required.): REIMBURSEMENT OFFICE SUPPLIES

•• 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 (S)
2/28/05	ALLIED 3700 BLANCO SA, TX 78212	2660.85

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

•• 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 (S)
2/20/05	ESMERALDA Rodriguez 421 N. SUNBELT LOOP SEGUIN, TX 78155	5.11

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

•• 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: 52

2 FILER NAME: JULIAN CASTRO

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
2/20/05	ESMERALDA RODRIGUEZ 421 W. SUNBELT LOOP SEGUIN, TX 78155	5.11

8 Purpose of payment (See instructions regarding type of information required.): REIMBURESEMENT SUPPLIES

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 ($)
2/9/05	ESMERALDA RODRIGUEZ 421 W. SUNBELT LOOP ~~SA, TX~~ SEGUIN, TX 78155	1.59

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 ($)
2/9/05	ROSIE CASTRO 143 GLOBE SA, TX 78228	14.00

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

•• 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 ($)
2/7/05	McCOYS 5500 BANDERA RD. SA, TX 78238	68.31

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

•• 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: 52

2 FILER NAME: JULIAN CASTRO

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
2/20/05	YOLANDA GUAJARDO 210 SAN CARLOS SA, TX 78207	339.00

8 Purpose of payment (See instructions regarding type of information required.): BLOCK WALKING TEAM

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 ($)
2/27/05	YOLANDA GUAJARDO 210 SAN CARLOS SA, TX 78207	227.00

Purpose of payment (See instructions regarding type of information required.): BLOCK WALKING TEAM

•• 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 ($)

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

•• 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 ($)

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

•• 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: 52

2 FILER NAME: JULIAN CASTRO

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
2/25/05	SA OBSERVER PO BOX 200226 SA, TX 78220	625.00

8 Purpose of payment (See instructions regarding type of information required.)	9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name / Office sought / Office held
NEWSPAPER AD	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
2/25/05	MUNGIA PRINTERS 2201 BUENA VISTA SA, TX 78207	1222.81

Purpose of payment (See instructions regarding type of information required.)	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name / Office sought / Office held
PRINTING	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)

Purpose of payment (See instructions regarding type of information required.)	•• 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 ($)

Purpose of payment (See instructions regarding type of information required.)	•• 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: 52

2 FILER NAME: JULIAN CASTRO

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
3/5/05	YOLANDA GUAJARDO 210 SAN CARLOS SA, TX 78207	379.00

8 Purpose of payment (See instructions regarding type of information required.): BLOCK WALKING TEAM

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 ($)
3/5/05	JEFF PETERSON 7426 PIPERS WAY SA, TX 78251	28.00

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

•• 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 ($)
3/5/05	REBECCA GUAJARDO 10254 DOVER RIDGE, #802 SA, TX 78250	40.00

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

•• 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 ($)
3/5/05	Ruth Rodriguez 1031 SAN CARLOS SA, TX 78207	28.00

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

•• 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: 52

2 FILER NAME: JULIAN CASTRO

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
3/5/05	MARIA GUERRERO 8338 COPPER GLEN CONVERSE, TX 78109	304.00

8 Purpose of payment (See instructions regarding type of information required.): BLOCK WALKING TEAM

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 ($)
3/6/05	YOLANDA GUAJARDO 210 San Carlos SA, TX 78207	379.00

Purpose of payment (See instructions regarding type of information required.): BLOCK WALKING TEAM

•• 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 ($)
3/12/05	YOLANDA GUAJARDO 210 SAN CARLOS SA, TX 78207	389.00

Purpose of payment (See instructions regarding type of information required.): BLOCK WALKING TEAM

•• 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 ($)
3/12/05	REBECCA GUAJARDO 10254 DOVER RIDGE #802 SA, TX 78250	40.00

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

•• 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: 52

2 FILER NAME: JULIAN CASTRO

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
3/12/05	JEFF PETERSON 7426 PIPERS WAY SA, TX 78251	28.00

8 Purpose of payment (See instructions regarding type of information required.)	9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name / Office sought / Office held
BLOCK WALKING	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
3/12/05	RUTH RODRIGUEZ 1031 SAN CARLOS SA, TX 78207	28.00

Purpose of payment (See instructions regarding type of information required.)	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name / Office sought / Office held
BLOCK WALKING	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
3/12/05	MARIA GUERRERO 8338 COPPER GLEN CONVERSE, TX 78109	264.00

Purpose of payment (See instructions regarding type of information required.)	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name / Office sought / Office held
BLOCK WALKING TEAM	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
3/15/05	JEFF PETERSON 7426 PIPERS WAY SA, TX 78251	40.00

Purpose of payment (See instructions regarding type of information required.)	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name / Office sought / Office held
BLOCK WALKING	

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 52

2 FILER NAME: JULIAN CASTRO

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
3/15/05	RUTH RODRIGUEZ 1031 SAN CARLOS SA, TX 78207	28.00

8 Purpose of payment (See instructions regarding type of information required.): BLOCK WALKING

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 ($)
3/18/05	YOLANDA GUAJARDO 210 SAN CARLOS SA, TX 78207	379.00

Purpose of payment (See instructions regarding type of information required.): BLOCK WALKING TEAM

•• 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 ($)
3/18/05	MARIA GUERRERO 8338 COPPER GLEN CONVERSE, TX 78109	236.00

Purpose of payment (See instructions regarding type of information required.): BLOCK WALKING TEAM

•• 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 ($)
3/20/05	NICOLE MARTINEZ 8648 BUCKSKIN ~~SA~~, BOERNE, TX 78006	152.00

Purpose of payment (See instructions regarding type of information required.): BLOCK WALKING TEAM

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

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 52

2 FILER NAME: JULIAN CASTRO

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
3/08/05	SNOW WHITE CLEANERS 1820 BROADWAY SA, TX 78215	30.44

8 Purpose of payment (See instructions regarding type of information required.): DRY CLEANING

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 ($)
3/24/05	Gibson Costume Shop 111 ALLENWORTH SA, TX 78209	59.61

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

•• 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 ($)
3/24/05	KINKOS 4418 BROADWAY SA, TX 78209	51.72

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

•• 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 ($)
3/25/05	Philip Cortez 351 McNARNEY SA, TX 78211	89.60

Purpose of payment (See instructions regarding type of information required.): REIMBURSEMENT FOR OFFICE SUPPLIES

•• 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: 52

2 FILER NAME JULIAN CASTRO

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
3/18/05	CYNTHIA CHAPA 2447 LOCKHILL SE/MA #204 SA, TX 78230	25.00

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

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 ($)
3/18/05	McCoy's 8212 S. PRESA SA, TX 78223	447.98

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

•• 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 ($)
3/16/05	US POSTMASTER AIRPORT MAIL FACILITY SA, TX 78246	74.00

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

•• 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 ($)
3/14/05	PHILIP GORTEZ 351 MCNARNEY SA, TX 78211	60.00

Purpose of payment (See instructions regarding type of information required.): GAS & SIGN PLACEMENT

•• 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: 52

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
3/22/05	~~Esmeralda~~ Rosalinda Ortega 12207 Stable Pond SA, TX 78249	77.54

8 Purpose of payment (See instructions regarding type of information required.)	9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name / Office sought / Office held
Food For Meeting	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)

Purpose of payment (See instructions regarding type of information required.)	•• 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 ($)

Purpose of payment (See instructions regarding type of information required.)	•• 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 ($)

Purpose of payment (See instructions regarding type of information required.)	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name / Office sought / Office held

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 52

2 FILER NAME: JULIAN CASTRO

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
3/24/05	Philip CORTEZ 351 McNARNEY SA, TX 78211	317.70

8 Purpose of payment (See instructions regarding type of information required.)	9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name / Office sought / Office held
REIMBURSEMENT OFFICE SUPPLIES	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
3/5/05	TIME WARNER CABLE PO BOX 460849 SA, TX 78246	224.28

Purpose of payment (See instructions regarding type of information required.)	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name / Office sought / Office held
INTERNET SERVICE	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
3/16/05	~~U.S. Post~~ ERICA LIRA 105 LE COMPTE SA, TX 78214	37.00

Purpose of payment (See instructions regarding type of information required.)	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name / Office sought / Office held
POSTAGE	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
3/17/05	ERICA LIRA 105 LE COMPTE SA, TX 78214	19.38

Purpose of payment (See instructions regarding type of information required.)	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name / Office sought / Office held
REIMBURSEMENT OFFICE SUPPLIES	

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 1 of 2

2 FILER NAME: JULIAN CASTRO

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
3/22/05	SNOW WHITE CLEANERS 1820 BROADWAY SAN ANTONIO, TX 78215	$6.00

8 Purpose of payment (See instructions regarding type of information required.): SUITS PRESSED

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 ($)
3/16/05	TOMMY CALVERT 3607 TUSCANY DRIVE SAN ANTONIO, TX 78219	$2,000.00

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

•• 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 ($)
3/18/05	MUNGUIA PRINTERS 2201 BUENA VISTA SAN ANTONIO, TX 78207	$96.96

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

•• 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 ($)
3/18/05	SBC P.O. BOX 650487 DALLAS, TX 75265	$650.15

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

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

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POLITICAL EXPENDITURES

SCHEDULE F

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1 Total pages Schedule F: 52

2 FILER NAME: JULIAN CASTRO

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
3/22/05	RAY DIAZ 1615 BROADWAY SAN ANTONIO, TX 78215	$2,000.00

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

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 ($)
3/22/05	SAN ANTONIO NEWS P.O. BOX 240022 SAN ANTONIO, TX 78224	$120.00

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

•• 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 ($)
3/21/05	CLUB GIRALD 707 N. ST. MARY'S STREET SAN ANTONIO, TX 78205	$1,010.30

Purpose of payment (See instructions regarding type of information required.): RENTAL + FOOD

•• 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 ($)
3/22/05	JEWISH FEDERATION of SAN ANTONIO 12500 NW MILITARY HWY #200 SAN ANTONIO, TX 78231	$109.00

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

•• 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: 52

2 FILER NAME: JULIAN CASTRO

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address: City; State; Zip Code	7 Amount ($)
3/24/05	McCoy's 1654 GENERAL MCMULLEN DR SAN ANTONIO, TX 78237	$422.08

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

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 ($)
3/25/05	CAMPUS of SAN ANTONIO JEWISH COMMUNITY 12500 NW MILITARY HWY STE 100 SAN ANTONIO, TX 78231	$253.00

Purpose of payment (See instructions regarding type of information required.): BELDON LIBRARY RENTAL

•• 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 ($)
3/28/05	DCCI 100 TAYLOR STREET #380 SAN ANTONIO, TX 78205	$26.40

Purpose of payment (See instructions regarding type of information required.): STANDARD VIRTUAL WWW + Email

•• 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 ($)
3/30/05	CREATIVE MUSIC ENTERTAINMENT P.O. Box 781502 SAN ANTONIO, TX 78278	$200.00

Purpose of payment (See instructions regarding type of information required.): SOUND SYSTEM w/ENGINEER

•• 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: 52

2 FILER NAME: JULIAN CASTRO

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
3/28/05	ADAM GLOBUS-HOENICK 139 LEXINGTON LINCOLN, MA 01773	$100.00

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

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 ($)
3/25/05	PHILIP CORTEZ 351 MCNARNEY SAN ANTONIO, TX 78211	$31.99

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

•• 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 ($)
3/24/05	ROSALINDA ORTEGA 12207 STABLE POND SAN ANTONIO, TX 78249	$51.72

Purpose of payment (See instructions regarding type of information required.): REIMBURSEMENT-FEDEX KINKO'S

•• 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 ($)
3/24/05	Philip CORTEZ 351 MCNARNEY SAN ANTONIO, TX 78211	$317.70

Purpose of payment (See instructions regarding type of information required.): REIMBURSEMENT-HOME DEPOT

•• 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: 52

2 FILER NAME: JULIAN CASTRO

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
3/14/05	SUBWAY SANDWICHES 3710 BROADWAY SAN ANTONIO, TX 78209	$13.32

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

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 ($)
3/20/05	ESMERALDA RODRIGUEZ 240 W. SUNBELT LOOP SEGUIN, TX 78155	$64.70

Purpose of payment (See instructions regarding type of information required.): REIMBURSEMENT - SUPPLIES

•• 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 ($)
3/2/05	MUNGIA PRINTERS 2201 BUENA VISTA SA, TX 78207	444.21

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

•• 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 ($)
3/4/05	TOBIAS MORALES 943 SAN AUGUSTINE SA, TX 78237	33.34

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

•• 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: 52

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
3/2/05	NEW REACH MEDIA P.O. BOX 782448 SA, TX 78278	254.87

8 Purpose of payment (See instructions regarding type of information required.): PROCESSING DATA FILES

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 ($)
3/4/05	U.S. Postmaster 4801 BROADWAY SA, TX 78209	37.00

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

•• 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 ($)
3/14/05	ROSALINDA ORTEGA 12207 Stable Pond SA, TX 78211	17.04

Purpose of payment (See instructions regarding type of information required.): REIMBURSEMENT OFFICE SUPPLIES

•• 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 ($)
3/7/05	TEXAS RECHARGE & TONER 4234 CENTER GATE SA, TX 78217	193.90

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

•• 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: 52

2 FILER NAME: JULIAN CASTRO

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
3/16/05	ESMERALDA RODRIGUEZ 240 W. SUNBELT LOOP SEGUIN, TX 78155	186.33

8 Purpose of payment (See instructions regarding type of information required.): REIMBURSEMENT OFFICE SUPPLIES

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 ($)
3/17/05	ROSALINDA ORTEGA 12207 STABLE POND SA, TX 78249	67.85

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

•• 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 ($)
3/8/05	PAPERCHASE GRAFIX SOLUTIONS 711 NAVARRO, #10 SA, TX 78205	490.99

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

•• 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 ($)
3/3/05	RUBEN ESPRONCEDA P.O. BOX 14463 SA, TX 78214	200.00

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

•• 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: 52

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
3/4/05	KEVIN LOPEZ 602 E. LOCUST SA, TX 78212	2500.00

8 Purpose of payment (See instructions regarding type of information required.): SERVICES RENDERED

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 ($)
3/5/05	KAREN GALLAGHER 421 HAPPY TR. SA, TX 78231	2000.00

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

•• 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 ($)
3/18/05	DEBRA MARTINEZ 8648 BUCKSKIN BOERNE, TX 78230	1654.00

Purpose of payment (See instructions regarding type of information required.): FOOD FOR MEETING

•• 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 ($)
3/17/05	KENS TV 4801 FREDERICKSburg SA, TX 78230	510.00

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

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

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POLITICAL EXPENDITURES

SCHEDULE F

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1 Total pages Schedule F: 52

2 FILER NAME: JULIAN CASTRO

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
3/8/05	PERISCOPE DEPTH CREATIVE 136 BLUE STAR SA, TX 78204	2583.99

8 Purpose of payment (See instructions regarding type of information required.): Billboard Production

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 ($)
3/14/05	TIME WARNER CABLE 900 ARION PKWY #101 SA, TX 78216	2950.00

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

•• 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 ($)
3/14/05	KWEX TV 411 E. DURANGO SA, TX 78204	8857.00

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

•• 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 ($)
3/14/05	WOAI P.O. BOX 2641 SA, TX 78299	5941.00

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

•• 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: 52

2 FILER NAME: JULIAN CASTRO

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
3/14/05	KSAT TV 1408 N. ST. MARYS SA, TX 78215	10,243.74

8 Purpose of payment (See instructions regarding type of information required.): TV. Ads

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 ($)
3/14/05	KENS TV 5400 FREDERICKSBURG RD SA, TX 78229	625.00

Purpose of payment (See instructions regarding type of information required.): NEWSPAPER 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 ($)
3/28/05	JEFF HEWITT - HEWITT CAMPAIGNS 700 RIO GRANDE AUSTIN, TX 78701	3000.00

Purpose of payment (See instructions regarding type of information required.): FUND RAISING Consulting

•• 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 ($)
3/20/05	ESMERALDA RODRIGUEZ 240 W. SUNBELT LOOP SEGUIN, TX 78155	64.70

Purpose of payment (See instructions regarding type of information required.): REIMBURSEMENT OFFICE SUPPLIES

•• 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: 52

2 FILER NAME: JULIAN CASTRO

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
3/20/05	MARIA GUERRERO 8338 COPPER GLEN CONVERSE, TX 78109	208.00

8 Purpose of payment (See instructions regarding type of information required.): BLOCK WALKING TEAM

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 ($)
3/26/05	MARIA GUERRERO 8338 COPPER GLEN CONVERSE, TX 78109	264.00

Purpose of payment (See instructions regarding type of information required.): BLOCK WALKING TEAM

•• 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 ($)
3/26/05	ROSS ROCKEFFO ~~#0~~ ONE TRINITY PLACE, #1297 SA, TX 78212	248.00

Purpose of payment (See instructions regarding type of information required.): BLOCK WALKING TEAM

•• 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 ($)

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

•• 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: 52

2 FILER NAME: JULIAN CASTRO

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
3/28/05	DCCI 100 TAYLOR #330 SA, Tx 78205	26.40

8 Purpose of payment (See instructions regarding type of information required.): STANDARD VIRTUA/WWW EMAIL

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 ($)
3/25/05	Campus of SA Jewish Community 12500 NW military #100 SA, Tx 78231	253.00

Purpose of payment (See instructions regarding type of information required.): Beldon Library Rental

•• 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 ($)
3/24/05	McCox 1654 General McMullen SA, Tx 78237	422.08

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

•• 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 ($)
3/22/05	Jewish Federation of SA 12500 NW military #200 SA, Tx 78231	109.00

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

•• 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: 52

2 FILER NAME: JULIAN CASTRO

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
3/24/05	SUBWAY SANDWICHES 3710 BROADWAY SA, TX 78209	13.32

8 Purpose of payment (See instructions regarding type of information required.)	9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name / Office sought / Office held
FOOD FOR MEETING	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
3/24/05	ROSALINA ORTEGA 12207 STABLE POND SA, TX 78247	51.72

Purpose of payment (See instructions regarding type of information required.)	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name / Office sought / Office held
REIMBURSEMENT HOME DEPOT	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
3/25/05	PHILIP CORTEZ 351 MCNARNEY SA, TX 78211	31.99

Purpose of payment (See instructions regarding type of information required.)	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name / Office sought / Office held
REIMBURSEMENT OFFICE SUPPLIES	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
3/28/05	ADAM GLOBUS-HOENICK 139 LEXINGTON LINCOLN, MA 01773	100.00

Purpose of payment (See instructions regarding type of information required.)	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name / Office sought / Office held
WEBSITE	

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 52

2 FILER NAME: JULIAN CASTRO

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
3/21/05	Club Giraud 707 N. St. Marys SA, TX 78205	1010.30

8 Purpose of payment (See instructions regarding type of information required.)	9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name / Office sought / Office held
RENTAL, FOOD	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
3/22/05	SA Express News P.O. Box 24022 SA, TX 78224	120.00

Purpose of payment (See instructions regarding type of information required.)	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name / Office sought / Office held
INTERNET Ads	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
3/22/05	Rey Diaz 1615 Broadway SA, TX 78215	2000.00

Purpose of payment (See instructions regarding type of information required.)	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name / Office sought / Office held
Rent	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
3/18/05	SBC P.O. Box 650487 SA, TX 78265	650.15

Purpose of payment (See instructions regarding type of information required.)	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name / Office sought / Office held
Phone Service	

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 62

2 FILER NAME: JULIAN CASTRO

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
3/18/05	MUNGIA PRINTERS 2201 BUENA VISTA SA, TX 78207	96.96

8 Purpose of payment (See instructions regarding type of information required.)	9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name / Office sought / Office held
PRINTING	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
3/18/05	TOMMY CALVERT 3607 TUSCANY SA, TX 78219	2000.00

Purpose of payment (See instructions regarding type of information required.)	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name / Office sought / Office held
Consulting	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
3/22/05	SNOW WHITE CLEANERS 1820 BROADWAY SA, TX 78215	6.00

Purpose of payment (See instructions regarding type of information required.)	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name / Office sought / Office held
Suite PRESSED	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
3/22/05	YOLANDA GUAJARDO 210 SAN CARLOS SA, TX 78207	379.00

Purpose of payment (See instructions regarding type of information required.)	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name / Office sought / Office held
Block WALKING TEAM	

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 52

2 FILER NAME: JULIAN CASTRO

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
3/4/05	McCoy 1654 GENERAL McMULLEN SA, TX 78237	8.53

8 Purpose of payment (See instructions regarding type of information required.): CONCRETE MIX

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 ($)
3/15/05	Philip Cortez 351 McNARNEY SA, TX 78211	2500.00

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

•• 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 ($)
3/16/05	TOBIAS MORALES 943 SAN AUGUSTINE SA, TX 78237	33.34

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

•• 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 ($)
3/19/05	YOLANDA GUAJARDO 210 SAN ~~ANTONIO~~ CARLOS SA, TX 78207	379.00

Purpose of payment (See instructions regarding type of information required.): BLOCK WALKING TEAM

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

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