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

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2003 JUL 15 PM 4:32

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: 11

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

3 CANDIDATE / OFFICEHOLDER NAME
TITLE: MR. FIRST: JULIÁN MI:
NICKNAME: LAST: CASTRO SUFFIX:

4 CANDIDATE / OFFICEHOLDER ADDRESS
☐ Change of Address
ADDRESS / PO BOX: 715 E. SUNSHINE APT / SUITE #: CITY: SAN ANTONIO STATE: TX ZIP CODE: 78228

5 CAMPAIGN TREASURER NAME
TITLE: FIRST: MARIA DEL ROSARIO MI:
NICKNAME: LAST: CASTRO SUFFIX:

6 CAMPAIGN TREASURER ADDRESS (Residence or business)
STREET ADDRESS (NO PO BOX PLEASE): 143 GLOBE APT / SUITE #: CITY: SAN ANTONIO STATE: TX ZIP CODE: 78228

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

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: 4 / 25 / 03 THROUGH Month Day Year: 6 / 30 / 03

10 ELECTION
ELECTION DATE Month Day Year: 5 / 03 / 03
ELECTION TYPE: ☐ Primary ☐ Runoff ☒ General ☐ Special

11 OFFICE
OFFICE HELD (if any): CITY COUNCIL DIST-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 Julián Castro

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	COMMITTEE NAME
☐ GENERAL	COMMITTEE ADDRESS
☐ SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
☐ additional pages	COMMITTEE CAMPAIGN TREASURER ADDRESS

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	$
2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 2750.00

EXPENDITURE TOTALS

3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$
4.	**TOTAL POLITICAL EXPENDITURES**	$ 4042.68

OUTSTANDING LOAN TOTALS

5.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$

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 July, 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 Public

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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

2 FILER NAME: Julian Castro

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)
4/24/03	Brenda Vickrey Johnson 13055 N. Hunters Cir S.A. Tx 78230	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)
4/24/03	Davidson & Troilo Com for Civic Awareness 7550 IH10 West Suite 800 S.A. Tx 78229-5816	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)
4/20/03	Scott Helbing 2302 Windsor Rd Austin, Tx 78703	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)
4/14/03	IBEW COPE 1125 15th St. N.W Washington, DC 20005	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)
4/26/03	Simmor Jana Falic 780 NW 42nd Ave Miami, Florida 33126	500.00	

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: 3

2 FILER NAME: Julian Castro

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)
4-30-03	Rolling Ridge Club Ass. P.O. Box 28393 S.A. Tx 78228	150.00	

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)
4-24-03	Wm Kennon Vickrey 12940 Country Parkway S.A. Tx 78216	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)
5-3-03	Celso Guzman 326 Montpelier Dr S.A. Tx 78228	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)
5-3-03	Holland Knight LLP Tx PAC 112 E. Pecan Ste 2700 S.A. Tx 78205	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)
4-30-03	Victoria J Wadley 2039 Oak Vista St S.A. Tx 78232	150.00	

Principal occupation (Optional)	Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

2001 JUL 15 PM 4:30

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1 Total pages this Schedule A1: 3

2 FILER NAME: Julian Castro

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)
5-21-03	Bill Long Enterprises Inc 919 N. Coker Loop S.A. TX 78216	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)

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: 6

2 FILER NAME: Julián Castro

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
6-27-03	League of Women Voters 2515 Austin Hwy S.A Tx 78218	100.00

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

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 ($)
6-11-03	Holy Family Senior Services 152 Florencia S.A. Tx 78226	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 ($)
6-10-03	Little Caesar's Pizza 2002 Fredericksberg S.A. Tx	29.35

Purpose of payment (See instructions regarding type of information required.): Staff gathering-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 ($)
6-9-03	Gerardo Menchaca 206 Rosewood #2 S.A. Tx 78212	242.72

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

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SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form 2003 JUL 15 PM 4:30

1 Total pages Schedule F: 6

2 FILER NAME Julián Castro

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
6-6-03	Visitation Home 945 W. Huisache S.A. TX 78201	501.00

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

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 ($)
5-26-03	Danielle Arvizu 214 Marchmont S.A. TX 78213	56.00

Purpose of payment (See instructions regarding type of information required.) Phonebanking for Patti Radle Campaign

-- 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 ($)
5-23-03	Latinos in Action Sports Ass. (will supplement) San Antonio, Tx	75.00

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 ($)
5-24-03	Doreen Tarango 214 Marchmont S.A. TX 78213	60.00

Purpose of payment (See instructions regarding type of information required.) Phonebanking for Patti Radle Campaign

-- 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: 6

2 FILER NAME Julián Castro

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
5-21-03	Doreen Tarango 214 Marchmont S.A. Tx 78213	37.00

8 Purpose of payment (See instructions regarding type of information required.): Postage for Thankyou notes

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 ($)
5-21-03	Phil Cortez Campaign P.O. Box 240758 S.A Tx 78224	500.00

Purpose of payment (See instructions regarding type of information required.): 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 ($)
5-19-03	Art Hall Campaign P.O. Box 866 S.A-Tx 78293	500.00

Purpose of payment (See instructions regarding type of information required.): 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 ($)
5-14-03	Joel Williams Campaign P.O. Box 340728 Ft. Sam Houston Tx 78234	250.00

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

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

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POLITICAL EXPENDITURES

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1 Total pages Schedule F: 6

2 FILER NAME Julian Castro

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
5-7-03	Valerio Maldonado 1603 N. Calavras S.A. Tx 78201	25.00

8 Purpose of payment (See instructions regarding type of information required.): Sign distribution electionday

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 ($)
5-7-03	Luis Soto Jr. 1603 N. Calaveras S.A. Tx 78201	25.00

Purpose of payment (See instructions regarding type of information required.): Sign distribution election day

•• 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 ($)
5-7-03	Victor Soto 1603 N. Calaveras S.A. Tx 78201	50.00

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

•• 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 ($)
5-3-03	HEB 2118 Fredericksburg RD S.A. Tx 78228	106.73

Purpose of payment (See instructions regarding type of information required.): Food, drinks for Election day party

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

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POLITICAL EXPENDITURES

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1 Total pages Schedule F: 6

2 FILER NAME Julian Castro

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
5-3-03	Perrico's Restaurant 10820 Bandera S.A. Tx 78250	193.91

8 Purpose of payment (See instructions regarding type of information required.): Food for electioneering Party

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 ($)
4-30-03	U.S. Postmaster University Park S.A. Tx 78228	12.74

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

•• 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 ($)
4-30-03	Victor Soto 1603 N. Calaveras S.A. Tx 78201	100.00

Purpose of payment (See instructions regarding type of information required.): Sign making & 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 ($)
4-29-03	Alamo Flower Shop 3102 W. Woodlawn S.A. Tx 78228	73.23

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

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SCHEDULE F

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1 Total pages Schedule F: 6

2 FILER NAME Julián Castro

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
4-28-03	IBC 6630 Callaghan S.A. TX 78229	1006.00

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
2 Certified Checks 500.00 each for return of donations	

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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