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

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

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

1 ACCOUNT # (Ethics Commission filers)

2 Total pages filed: 23

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

3 CANDIDATE / OFFICEHOLDER NAME
MS / MRS / MR FIRST MI
JULIAN
NICKNAME LAST SUFFIX
CASTRO

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

5 CANDIDATE/ OFFICEHOLDER PHONE
AREA CODE PHONE NUMBER EXTENSION
(210) 732-2636

6 CAMPAIGN TREASURER NAME
MS / MRS / MR FIRST MI
MARIA DEL ROSARIO ~~CASTRO~~
NICKNAME LAST SUFFIX
CASTRO

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

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

9 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)

10 PERIOD COVERED
Month Day Year THROUGH Month Day Year
7 / 01 / 03 THROUGH 12 / 31 / 03

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

12 OFFICE
OFFICE HELD (if any)
CITY COUNCIL DISTRICT 7

13 OFFICE SOUGHT (if known)

14 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

15 C/OH NAME: CASTRO, JULIÁN

16 ACCOUNT # (Ethics Commission filers):

17 NOTICE FROM POLITICAL COMMITTEE(S)

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

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ 230.00
	2. **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 13,100.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ 35.00
	4. **TOTAL POLITICAL EXPENDITURES**	$ 7828.81
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 5372.19
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 0

19 AFFIDAVIT

MELINDA S. LOPEZ NOTARY PUBLIC STATE OF TEXAS EXPIRES 04-04-2005

AFFIX NOTARY STAMP/SEAL ABOVE

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

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Julian Castro, this the 15th day of January, 20 04, 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
Melinda S. Lopez	Melinda S. Lopez	Notary

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: 10

2 FILER NAME: CASTRO, JULIÁN

3 ACCOUNT # (Ethics Commission filers):

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)
11/4/03	CRAIG A. CATES PO BOX 200606 SAN ANTONIO TX 78220	$500.00	

9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)

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)
11/5/03	MIKE BARNARD 11807 SUNBURST LN NO. 201 SAN ANTONIO TX 78230	$500.00	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
BUSINESS OWNER	

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)
11/11/03	SCHAEFER EXPENSE ACCOUNT 8620 N. NEW BRAUNFELS SUITE 400 SAN ANTONIO, TX 78217	$500.00	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor (☐ out-of-state PAC (ID#)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/3/03	JAMES G. LIFSHUTZ 215 W. TRAVIS SAN ANTONIO, TX 78205	$250.00	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

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)
1/12/03	PETER or JULIANA HOLT 2191 LITTLE BLANCO RD. BLANCO TX 78606	$500.00	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
BUSINESS OWNER	SAN ANTONIO SPURS

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME: CASTRO, JULIAN

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)
11/3/03	TOM E. PAWEL 123 GENESCO RD. SAN ANTONIO TX 78209	$250.00	

9 Principal occupation / Job title (See Instructions): 10 Employer (See Instructions):

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)
11/4/03	DAVIDSON & TROILO, P.C. 7550 W. IH-10, STE. 800 SAN ANTONIO TX 78229	$250.00	

Principal occupation / Job title (See Instructions): Employer (See Instructions):

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)
11/3/03	WILLIAM D. BALTHROPE 4242 N. PAN AM EXPRSWY SAN ANTONIO TX 78218	$250.00	

Principal occupation / Job title (See Instructions): Employer (See Instructions):

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)
11/5/03	HENRY MUÑOZ, III 235 W. KINGS HWY SAN ANTONIO TX 78212	$250.00	

Principal occupation / Job title (See Instructions): Employer (See Instructions):

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)
11/5/03	GREGORY R. GARZA 15527 DAWN CREST SAN ANTONIO TX 78248	$250.00	

Principal occupation / Job title (See Instructions): Employer (See Instructions):

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SCHEDULE A

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1 Total pages Schedule A

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FILER NAME: CASTRO, JULIAN

3 ACCOUNT # (Ethics Commission filers)

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)
11/5/03	DOUGLAS C. BEACH 217 ALAMO PLAZA SUITE 300 SAN ANTONIO, TX	$250.00	

Principal occupation/Job title (See Instructions): | 10 Employer (See Instructions):

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)
11/5/03	ROSS A. RODRIGUEZ 314 S. FLORES SAN ANTONIO TX 78204	$250.00	

Principal occupation/Job title (See Instructions): | Employer (See Instructions):

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)
11/5/03	SALLYANN V. SCHWAB 7807 BRAUN WAY SAN ANTONIO TX 78250	$250.00	

Principal occupation/Job title (See Instructions): | Employer (See Instructions):

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)
11/5/03	ROLANDO H. BRIONES, JR. 8118 BROADWAY, STE. 100 SAN ANTONIO TX 78209	$250.00	

Principal occupation/Job title (See Instructions): | Employer (See Instructions):

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)
11/13/03	MARMON MOE, LLP 700 N. ST. MARY'S, STE. 1600 SAN ANTONIO TX 78205	$250.00	

Principal occupation/Job title (See Instructions): | Employer (See Instructions):

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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1 Total pages Schedule A:

FILER NAME: CASTRO, JULIÁN

3 ACCOUNT # (Ethics Commission filers)

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)
11/5/03	SAN ANTONIO FIREFIGHTERS PAC 8925 W IH-10 SAN ANTONIO TX 78230	$500.00	

Principal occupation	Job title (See Instructions)	10 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/3/03	PAT MALONEY JR. 239 E. COMMERCE SAN ANTONIO TX 78205	$500.00	

Principal occupation	Job title (See Instructions)	Employer (See Instructions)
ATTORNEY		MALONEY & MALONEY

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)
11/05/03	PATRICK J. OR JOANNE E. BOONE 19230 AUTUMN GARDEN SAN ANTONIO TX 78258-3805	$500.00	

Principal occupation	Job title (See Instructions)	Employer (See Instructions)
JUDGE	/ BUSINESS OWNER	BEXAR COUNTY / YANAGUANA

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)
11/12/03	BONNIE REED 45 LONGSFORD SAN ANTONIO TX 78209	$250.00	

Principal occupation	Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
12/12/03	ROLANDO H. BRIONES, JR. 8118 BROADWAY, SUITE 100 SAN ANTONIO TX 78209	$250.00	

Principal occupation	Job title (See Instructions)	Employer (See Instructions)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

Schedule A

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1 Total pages Schedule A:

2 FILER NAME: CASTRO, JULIÁN

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#: ____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
11/5/03	ORLANDO J. TERAN 2 HERITAGE CT. HOUSTON, TX 77024	$250.00	

9 Principal occupation/Job title (See Instructions) | 10 Employer (See Instructions)

Date	Full name of contributor (☒ out-of-state PAC (ID#: ____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
12/2/03	SEIU COPE FUND 1313 L STREET NW WASHINGTON, DC 20005	$500.00	

Principal occupation/Job title (See Instructions) | Employer (See Instructions)

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)
11/05/03	GERALD LEE 1226 E. SUNSHINE SAN ANTONIO TX 78228	$250.00	

Principal occupation/Job title (See Instructions) | Employer (See Instructions)

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)
11/24/03	MR. OR MRS. A. JIMENEZ 4026 GLENROCK SAN ANTONIO TX 78240	$250.00	

Principal occupation/Job title (See Instructions) | Employer (See Instructions)

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)
11/5/03	RUBEN CORTEZ 26 INWOOD AUTUMN SAN ANTONIO TX 78248	$250.00	

Principal occupation/Job title (See Instructions) | Employer (See Instructions)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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1 Total pages Schedule A

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID# ____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
9/10/03	CRYSTAL W. DARBY 6000 TRONETRAIL SAN ANTONIO TX 78238	$100.00	
9 Principal occupation/Job title (See Instructions)	10 Employer (See Instructions)		
Date	Full name of contributor (☐ out-of-state PAC (ID# ____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/29/03	DON OR SUSAN ROSE DURDEN 411 FM 473 COMFORT TX 78013	$100.00	
Principal occupation/Job title (See Instructions)	Employer (See Instructions)		
Date	Full name of contributor (☐ out-of-state PAC (ID# ____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/10/03	THERESA J. VALE 410 W. GLENVIEW SAN ANTONIO TX 78228	$75.00	
Principal occupation/Job title (See Instructions)	Employer (See Instructions)		
Date	Full name of contributor (☐ out-of-state PAC (ID# ____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5/26/03	PAMELA W. BAIN 1026 CENTRAL PKYS SAN ANTONIO, TX 78232	$70.00	
Principal occupation/Job title (See Instructions)	Employer (See Instructions)		
Date	Full name of contributor (☐ out-of-state PAC (ID# ____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11/4/03	JAMES W. OR AMY BASTONI 106 OTTAWA RUN SAN ANTONIO TX 78231	$500.00	
Principal occupation/Job title (See Instructions) COMPANY EXECUTIVE	Employer (See Instructions) WORTH ENTERPRISES		

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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1 Total pages Schedule A:

2 FILER NAME: CASTRO, JULIAN

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)
11/5/03	G.W. WORTH OR DAROLYN WORTH 6929 CAMP BULLIS RD SAN ANTONIO TX 78256	$500.00	

9 Principal occupation/Job title (See Instructions)	10 Employer (See Instructions)
BUSINESS OWNER	WORTH ENTERPRISES

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)
11/3/03	ALBERT DAVILA 369 CLUB DRIVE SAN ANTONIO TX 78201	$500.00	

Principal occupation/Job title (See Instructions)	Employer (See Instructions)
BUSINESS OWNER	DAVILA ELECTRIC

Date	Full name of contributor (☐ out-of-state PAC (ID# ____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/31/03	J. CARY BARTON ONE RIVERWALK, SUITE 1825 700 N. ST MARYS SAN ANTONIO TX 78205	$100.00	

Principal occupation/Job title (See Instructions)	Employer (See Instructions)

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)
11/5/03	PAUL W FOSTER OR ANNA FOSTER 1815 FIELDSTONE SAN ANTONIO TX 78232	$100.00	

Principal occupation/Job title (See Instructions)	Employer (See Instructions)

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)
11/5/03	ROBERT J. PEREZ 600 NAVARRO, STE. 500 SAN ANTONIO TX 78205	$100.00	

Principal occupation/Job title (See Instructions)	Employer (See Instructions)

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2 FILER NAME: CASTRO, JULIAN

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
11/04/03	ROGER S. CAMPOS 16507 INWOOD COVE DR. SAN ANTONIO TX 78248	$100.00	

9 Principal occupation/Job title (See Instructions) | 10 Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5/14/03	JESSE S. COVARRUBIAS 204 SHALIMAR SAN ANTONIO TX 78213	$100.00	

Principal occupation/Job title (See Instructions) | Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5/23/03	CONSULTING ENGINEERS COUNCIL 1001 CONGRESS AVE, STE 200 ~~SAN AN~~ AUSTIN TX 78701	$140.00	

Principal occupation/Job title (See Instructions) | Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11/04/03	GERALD R. ARREDONDO 10406 LAZY F. TRAIL HELOTES TX 78023	$100.00	

Principal occupation/Job title (See Instructions) | Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/24/03	BRENDA VICKREY JOHNSON 13055 N. HUNTERS CIR. SAN ANTONIO TX 78230	$100.00	

Principal occupation/Job title (See Instructions) | Employer (See Instructions)

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SCHEDULE A

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1 Total pages Schedule A

2004 JAN 15 PM 2:28

2 FILER NAME: CASTRO, JULIAN

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)
11/24/03	BURTON ROSE GONZALES 816 CAMARON, SUITE 209 SAN ANTONIO TX 78212	$100.00	

9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)

Date	Full name of contributor (☐ out-of-state PAC (ID# ____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/8/03	LAN-PAC 1500 CITYWEST BLVD. HOUSTON TX 77042	$100.00	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

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)
11/5/03	JEAN R. JAMES OR ROBERT JAMES 3418 RIVER PATH SAN ANTONIO TX 78230	$100.00	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor (☐ out-of-state PAC (ID# ____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/15/03	PAUL W. OR PAULA S KUMMER 201 HILL COUNTRY LANE SAN ANTONIO TX 78232	$500.00	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
(Will Supplement)	(Will Supplement)

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)
4/28/03	JOHN L GERMAN 2115 ENCINO CLIFF SAN ANTONIO TX 78259	$75.00	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

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2 FILER NAME: CASTRO, JULIAN

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)
6/03/03	TURNER, COLLIE, BRADEN PAC P.O. BOX 130089 HOUSTON TX 77219	$60.00	

9 Principal occupation/Job title (See Instructions)	10 Employer (See Instructions)

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)
11/05/03	DAVID STARR 2161 NW MILITARY HWY SAN ANTONIO TX 78213	$500.00	Food/bev for event

Principal occupation/Job title (See Instructions)	Employer (See Instructions)
BUSINESS OWNER	DAVID STARR & ASSOCIATES

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)
11/05/03	JONATHAN STARR 13431 VOLKER RANCH DR. SAN ANTONIO TX 78231	$500.00	Food/bev for event

Principal occupation/Job title (See Instructions)	Employer (See Instructions)
ATTORNEY	LOEFFLER, JONAS & TUGGEY

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/Job title (See Instructions)	Employer (See Instructions)

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/Job title (See Instructions)	Employer (See Instructions)

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PLEDGED CONTRIBUTIONS

SCHEDULE B

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule B: 1

2 FILER NAME: CASTRO, JULIAN

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $ 0

5 Date	6 Full name of pledgor ☐ out-of-state PAC (ID#:) / 7 Pledgor address; City; State; Zip Code	8 Amount of pledge ($)	9 In-kind description (if applicable)
	NONE		

10 Principal occupation / Job title (See Instructions)	11 Employer (See Instructions)

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

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

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

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

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

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

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

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

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LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E: 1

2 FILER NAME: CASTRO, JULIAN

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $ 0

5 Date of loan

6 Is lender a financial Institution? Y N

7 Name of lender ☐ out-of-state PAC (ID#:_____)

8 Lender address; City; State; Zip Code

NONE

9 Loan Amount ($)

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral ☐ none

15 GUARANTOR INFORMATION ☐ not applicable

16 Name of guarantor

17 Guarantor address; City; State; Zip Code

18 Amount Guaranteed ($)

19 Principal Occupation

20 Employer

Date of loan

Is lender a financial Institution? Y N

Name of lender ☐ out-of-state PAC (ID#:_____)

Lender address; City; State; Zip Code

Loan Amount ($)

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral ☐ none

GUARANTOR INFORMATION ☐ not applicable

Name of guarantor

Guarantor address. City. State. Zip Code

Amount Guaranteed ($)

Principal Occupation

Employer

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If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

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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: CASTRO, JULIÁN

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/28/03	JEFFERSON COOP 201 MEREDITH DR. SAN ANTONIO TX 78201	$85.00

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 ($)
11/24/03	RTC FLORISTRY 1420 FREDERICKSBURG RD SAN ANTONIO TX 78201	$51.24

Purpose of payment (See instructions regarding type of information required.): FLORAL ARRANGEMENT - CONSTITUENT FUNERAL

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
11/24/03	HALLMARK CARDS 8425 AHERN DR. SAN ANTONIO TX 78216	$245.96

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

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

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SCHEDULE F

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1 Total pages Schedule F:

2 FILER NAME
CASTRO, JULIÁN

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/30/03	HOWARD MANGOLD 458 SHARON DR. SAN ANTONIO TX 78216	$ 99.62

8 Purpose of payment (See instructions regarding type of information required.)
REIMBURSEMENT - 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 ($)
12/5/03	HOWARD MANGOLD 458 SHARON DR. SAN ANTONIO TX 78216	$ 283.25

Purpose of payment (See instructions regarding type of information required.)
REIMBURSEMENT — HOLIDAY 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 ($)
12/10/03	JESSICA AREVALO 5327 SOUTHHAMPTON SAN ANTONIO, TX 78228	$ 43.14

Purpose of payment (See instructions regarding type of information required.)
REIMBURSEMENT — N.A. GIFT

•• 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 ($)
12/11/03	CITY OF SAN ANTONIO CITYHALL SAN ANTONIO, TX	$ 28.00

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

•• 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:

2 FILER NAME: CASTRO, JULIÁN

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
8/26/03	IMAGE DE SAN ANTONIO (ADDRESS TO BE SUPPLEMENTED) SAN ANTONIO, TX	$250.00

8 Purpose of payment (See instructions regarding type of information required.): SPONSORSHIP OF 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 ($)
11/30/03	LITTLE CAESAR'S PIZZA 1603 BANDERA RD. SAN ANTONIO TX 78228	$17.57

Purpose of payment (See instructions regarding type of information required.): FOOD/BEVERAGES - STAFF MTG

•• 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 ($)
9/10/03	MARO LEIJA (ADDRESS TO BE SUPPLEMENTED)	$150.00

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

•• 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 ($)
12/15/03	PAESANO'S 555 E. BASSE SAN ANTONIO, TX 78209	$1,237.28

Purpose of payment (See instructions regarding type of information required.): FOOD - NEIGHBORHOOD ASSOCIATIONS CHRISTMAS DINNER

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

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1 Total pages Schedule F:

2 FILER NAME
CASTRO, JULIAN

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/4/03	LA PRENSA 320 S. FLORES SAN ANTONIO TX 78204	$188.24

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/11/03	SAAHJ SCHOLARSHIP FUND P.O. BOX 1576 SAN ANTONIO TX 78296	$600.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/28/03	UNITED STATES POSTMASTER SAN ANTONIO, TX	$370.00

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 ($)
10/30/03	BYRON GIPSON 4900 USAA BLVD. #1011 SAN ANTONIO TX 78240	$83.25

Purpose of payment (See instructions regarding type of information required.)
REIMBURSEMENT / SUPPLIES FOR EVENT

•• 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:

2 FILER NAME: CASTRO, JULIAN

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
9/2/03	SODEXHO 4301 BROADWAY BOX 323 SAN ANTONIO TX 78209	$ 800.00

8 Purpose of payment (See instructions regarding type of information required.): Food / Beverages

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 ($)
8/29/03	United States Postmaster SAN ANTONIO, TX	$ 222.00

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 ($)
9/2/03	Alexis Velasquez / GDC 122 E. HOUSTON SAN ANTONIO TX 78205	$ 540.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/10/03	SODEXHO 4301 BROADWAY BOX 323 SAN ANTONIO TX 78209	1,962.33

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

•• 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:

2 FILER NAME: CASTRO, JULIÁN

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/11/03	ST. PIUS X 7734 ROBIN REST DR. SAN ANTONIO TX 78209	$100.00

8 Purpose of payment (See instructions regarding type of information required.): SPONSORSHIP OF STUDENT GROUP

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/4/03	JEFFERSON/WOODLAWN CDC 1507 FREDERICKSBURG RD. SAN ANTONIO TX 78201	$100.00

Purpose of payment (See instructions regarding type of information required.): SPONSORSHIP OF EVENT

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/4/03	JUDY SAUCEDO 9003 POWHATTAN SAN ANTONIO TX 78230	$71.93

Purpose of payment (See instructions regarding type of information required.): SUPPLIES 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 ($)
10/4/03	University of the Incarnate Word 4301 BROADWAY SAN ANTONIO TX 78209	$265.00

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

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

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

2 FILER NAME CASTRO, JULIAN

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name 6 Payee address; City; State; Zip Code NONE	8 Amount ($)
	7 Purpose of expenditure (See instructions regarding type of information required.)	☐ Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code	Amount ($)
	Purpose of expenditure (See instructions regarding type of information required.)	☐ Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code	Amount ($)
	Purpose of expenditure (See instructions regarding type of information required.)	☐ Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code	Amount ($)
	Purpose of expenditure (See instructions regarding type of information required.)	☐ Reimbursement from political contributions intended
Date	Payee name Payee address; City State; Zip Code	Amount ($)
	Purpose of expenditure (See instructions regarding type of information required.)	☐ Reimbursement from political contributions intended

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PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule H: 1

2 FILER NAME: CASTRO, JULIAN

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Business name / 6 Business address; City; State; Zip Code	7 Amount ($)
	NONE	

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	Business name / Business 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	Business name / Business 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	Business name / Business 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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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I: 1

2 FILER NAME: CASTRO, JULIÁN

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code / 7 Purpose of expenditure (See instructions regarding type of information required.)	8 Amount ($)
	NONE	
Date	Payee name / Payee address; City; State; Zip Code / Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)
Date	Payee name / Payee address; City; State; Zip Code / Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)
Date	Payee name / Payee address; City; State; Zip Code / Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)
Date	Payee name / Payee address; City; State; Zip Code / Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)

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