CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. CANDIDATE / MS / MRS / MR OFFICE USE ONLY **OFFICEHOLDER** NAME Date Received SUFFIX 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; STATE; ZIP CODE **OFFICEHOLDER** MAILING **ADDRESS** Change of Address 5 CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** PHONE Receipt # Amount \$ CAMPAIGN **TREASURER** Date Processed NAME SUFFIX Date Imaged STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; STATE; ZIP CODE 7 CAMPAIGN **TREASURER ADDRESS** Dr Sun Juan Tx 78589 (Residence or Business) CAMPAIGN **TREASURER** PHONE 7) 655 4549 9 REPORT TYPE 15th day after campaign January 15 Runoff treasurer appointment (Officeholder Only) **Exceeded Modified** Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD Day Year Month Day Year COVERED 15. **THROUGH** 2025 **ELECTION TYPE** 11 ELECTION **ELECTION DATE** Primary Runoff Other Month Day Description General Special OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR **POLITICAL** CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

		<u>-</u>	
15 C/OH NAME	Jaime Castillo		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS			\$
	2. TOTAL POLITICAL CONTR (OTHER THAN PLEDGES, LO	RIBUTIONS ANS, OR GUARANTEES OF LOANS)	\$ 4,400.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITIC	AL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPEN	DITURES	\$ 2,539.55
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTION OF REPORTING PERIOD	ITIONS MAINTAINED AS OF THE LA	\$ 2,539.55 ST DAY \$ 1,860,45
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT (LAST DAY OF THE REPORTI	DF ALL OUTSTANDING LOANS AS O NG PERIOD	F THE \$
	quired to be reported by me under Title 15,	Election Code.	e and correct and includes all information
(1) Affidavit NOTARY STAMP/SEAL	BRENDA A. ESCALANTE Notary Public, State of Texas Comm. Expires 02-01-2027 Notary ID 131664082		
7	·	this the	3rd day of April,
13-05		aEscquante	City Secretary
Signature of officer administer	ring oath Printed name of of	ficer administering oath	Title of officer administering oath
		OR	
(2) Unsworn Declaration	on		
My name is		, and my date of birth is	
My address is			
•	(street)	(city) (s	state) (zip code) (country)
Executed in	County, State of	, on the day of (month	, 20 (year)
		Signature of Candid	late/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	Jaime Custillo 20 Filer ID (1	Ethics Commission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,400.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 4,400.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2539.55
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTION	ons \$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF	= C/OH \$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURN TO FILER	NED \$

SCHEDULE F1

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Pollitic Credit Card Payment	Fees Office Ov Food/Beverage Expense Polling Ex By Gift/Awards/Memorials Expense Printing Expense	Expense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)				
1 Total pages Schedule F1:		*	3 Filer ID (Ethics Commission Filers)				
4 Date	Jaime (ast) 10 5 Payee name						
4 1 27 1 2025	Goodtimes Screen Printin	q					
6 Amount (\$) (2.38	7 Payee address; 847 South Alamo Rd	city; Alama	State; Zip Code 7x 78516				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description					
PURPOSE OF EXPENDITURE	Advertising Expense	Campaign	Shirts				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held				
Date 1 28 2025	Express Sign Produc	4					
Amount (\$)	Payee address;	City;	State; Zip Code				
53.20	1 -1 1	PincherCre	ek CA berta				
	Category (See Categories listed at the top of this schedule)	Description					
PURPOSE OF EXPENDITURE	Advertising Expense	Wire s	takes				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held				
	·	-					
Date	Payee name	-					
		(ESS					
Date	Payee name	City;	State; Zip Code				
Date 29 2025	Payee name The Grafix Exp	City;	. 22 2 -				
Date 29 2025 Amount (\$)	Payee name The Grafix Expr Payee address;	City;	. 22 2 -				
Date 29 2025 Amount (\$)	Payee name The Grafix Expr Payee address; 230 W. Newcombe Ave	city; Pharr	TX 18577				
Date 29 2025 Amount (\$)	Payee name The Grafix Expr Payee address; 230 W. Newcombe Ave Category (See Categories listed at the top of this schedule)	City; Pharr Description Flyers	TX 18577				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office C Food/Beverage Expense Polling Gift/Awards/Memorials Expense Printing Legal Services Salaries	epayment/Reimbursement Overhead/Rental Expense Expense g Expense s/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
	The Instruction Guide explains how to	o complete this form.			
1 Total pages Schedule F1:	2 FILER NAME Jame Custilli)	3 Filer ID (Ethics Commission Filers)		
4 Date 1/28/2025	5 Payee name AWSGam Z				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
28.12					
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Advertising typense	Campaign	n Flag		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name	•			
1/28/2025	Express Sign Produ	ucts			
Amount (\$)	Payee address;	City;	State; Zip Code		
53.20	1116 Macleod Street	Pincher Albert	1-		
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Advertising Expense	Wire	? Stakes		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
1/31/2025	Tractor Supply				
Amount (\$)	Payee address;	City;	State; Zip Code		
317.45	6823 5. Cage BIVJ	Pharr	TX 78577		
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Advertising Expense	Campai	gn Sign Posts		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)					
AdvertIsing Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment	Fees Office Food/Beverage Expense Polling By Gift/Awards/Memorials Expense Printin Al Committee Legal Services Salarie	Overhead/Rental Expense Trans Expense Trave Expense Trave SWages/Contract Labor Othe	nead/Rental Expense ense Transportation Equipment & Related Expense Travel In District Travel Out Of District gges/Contract Labor Other (enter a category not listed above)		
	The Instruction Guide explains how to	complete this form.			
1 Total pages Schedule F1:	2 FILER NAME Jaime Castil) 3 Fi	ler ID (Ethics Commission Filers)		
213/2025	5 Payee name The Grafix	Express			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
81.19	230 W Newcombe Ave	Phantx	78577		
В	(a) Category (See Categories listed at the top of this schedule	(b) Description			
PURPOSE OF EXPENDITURE	Advertising Expense	Cam paig	n Signs		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, o	fficeholder living expense		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name	•			
2/16/2025	Kantsch true Valu	e			
Amount (\$)	Payee address;	City;	State; Zip Code		
38-28	705 U.S. 83 Busines	s Alamo	TX 78516		
	Category (See Categories listed at the top of this schedule)	Description	9.0		
PURPOSE OF EXPENDITURE	Advertising Expense	Tie downs for	r Campaign Signs		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, o	fficeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
2/10/2025	Sam's Club				
Amount (\$)	Payee address;	City;	State; Zip Code		
29.59	1400 & Jackson Av	e morthen	TX BS03		
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Transportation Equipment & Relations	GAS			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, of	ficeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office Over Food/Beverage Expense Polling Expense Office Over Polling Expense Printing Expense Al Committee Legal Services Salaries/W	xpense Vages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a callegory not listed above)	
Olduk Gulu i ayılısık	The Instruction Guide explains how to co	omplete this form.		
Total pages Schedule F1:	2 FILER NAME Jaime Castillo		3 Filer ID (Ethics Commission Filers)	
2110/2025	5 Payee name VISta Print	-	AGM/S	
108.23	7 Payee address;	City;	State; Zip Code	
3	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Campai	gn Flyers	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name .			
2/11/2025	Sams Club			
Amount (\$)	Payee address;	City;	State; Zip Code	
44.23	1400 E Jackson Ave	Mallen	Tx 78503	
,	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Transportation Equipment? Related Expense	GAS		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
2/11/2025	The Grofix Expres	55		
Amount (\$)	Payee address;	City;	State; Zip Code	
395.11	230 W Newsombe Are	Phyr	TX 78577	
×	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Campagi	n Signs	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

SCHEDULE F1

		XPENDITURE CATI	EGORIES F	OR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Mede B Candidate/Officeholder/Politica Credit Card Payment	Event Fees Food/E by Gift/Av al Committee Legal : The	Expense Severage Expense vards/Memorials Expense Services Instruction Guide expla	Loan Repay Office Over Polling Exp Printing Exp Salaries/Wo	ment/Reimbursement head/Rental Expense ense pense ages/Contract Labor	Transpor Travel In Travel O Other (en	on/Fundraising tation Equipm District ut Of District ter a callegory	ent & Related	2
1 Total pages Schedule F1:	2 FILER NAME	Jaime Ca	stillo		3 Filer	ID (Ethics (Commission	Filers)
4 Date 2 1 1 2025	5 Payee name	Lowe's	· #1				560 o	
6 Amount (\$)	7 Payee address;			City;		State;	Zip Code)
10.53	7075.	Juckson R	d (pharr 7	TX -	1857-	7	
8	(a) Category (See C	Categories listed at the top of th	is schedule)	(b) Description				÷
PURPOSE OF EXPENDITURE	Adverti	Sing Expe	nse	Campo	ugn S	ign	posts	1
	(c) Check if	travel outside of Texas. Complete	Schedule T.	Check if	Austin, TX, office	holder living e	expense	
9 Complete ONLY if direct expenditure to benefit C/Ot		fficeholder name		Office sough	t	ć	office held	14
Date	Payee name	0	- 1					
2/16/2025	Dollar	General	Store	2				
Amount (\$)	Payee address;			City;		State;	Zip Code)
21.65	100E F	FM 495	Sun	Juan	TN 785	399		
* * *	Category (See Ca	ategories listed at the top of this	schedule)	Description	,			
PURPOSE OF EXPENDITURE	Adver	tising Exp	ren se	Ligh	ts for	Chin	patgn	Signs
	Checkiff	travel outside of Texas. Complete	Schedule T.	Check if	Austin, TX, office	holder living e	xpense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		fficeholder name		Office sought	ŧ	0	Office held	
Date	Payee name							2013
2/18/2025	Brand	Boosters						
Amount (\$)	Payee address;			City;		State;	Zip Code	
140.73	Advert	ising Exp	ense	301 N 1	ncoll 1	MCALK	en Tx	78501
,	Category (See Ca	legories listed at the top of this	schedule)	Description				
PURPOSE OF EXPENDITURE				Cami	augn "	Sign	5	
	Check if t	ravel outside of Texas. Complete	Schedule T.	Check if A	Austin, TX, officel	nolder living e	xpense	15
Complete ONLY if direct expenditure to benefit C/OH		fficeholder name		Office sough	t		Office held	
	ATTACH	ADDITIONAL COPIE	S OF THIS S	CHEDULE AS I	NEEDED			

SCHEDULE F1

			,		bra	. oporti	
EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office Ove Food/Beverage Expense Polling Ex Y Glit/Awards/Memorials Expense Printing E			Office Overthe Polling Experinting Experint	xpense Travel Out of District Vages/Contract Labor Other (enter a callegory not listed above		
1 Total pages Schedule F1:	2 FILER N	Jame Jair	ne Ca	Stilli)	3 Filer ID (Eth	ics Commission Filers)
3 3 2025	5 Payee na	ame Trac	for Su	pelu			96 T
6 Amount (\$)	7 Payee a	ddress;	10.	J	City;	State;	Zip Code
44.86	682	3 S. Ca	ge Bh	4	Pharr	TX 78	577
8	(a) Catego	ry (See Categories list	ed at the top of this:	schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Adv	ertising	Exper	ise	Tie don	ins for o	Cumpayn S74715
	(c)	Check if travel outside o	Texas. Complete So	chedule T.	Check if Au	stin, TX, officeholder liv	ing expense
9 Complete ONLY if direct expenditure to benefit C/Oh		date / Officeholder	name		Office sought		Office held
Date	Payee na	ame					
3/4/2025	Brai	Nd Boo	sters				
Amount (\$)	Payee a	ddress;	,		City;	State;	Zip Code
129.90	367	N. ma	Coy 1	MCAI	en Ta	78501	
	Category	/ (See Categories lister	at the top of this so	chedule)	Description	* 1	
PURPOSE OF EXPENDITURE	Adv	erhsing	Exper	nse	Campi	aign Sign	ζ
		Check if travel outside o	Texas. Complete Sc	chedule T.	Check if Au	stin, TX, officeholder liv	ing expense
Complete ONLY if direct expenditure to benefit C/OH		late / Officeholder	name		Office sought	· · · · · · · · · · · · · · · · · · ·	Office held
Date	Payee n	ame					
3/10/2025	Lo	wes	" • a				
Amount (\$)	Payee a	ddress;			City;	State;	Zip Code
25.80	70	South	Jack	SM	Pharr	TX -	78577
	Category	(See Categories listed	at the top of this so	chedule)	Description		
PURPOSE OF EXPENDITURE	Adver	tising f	Expense		Campus	m Sign	Posts
		Check if travel outside of	Texas. Complete Sc	hedule T.	Check if Aus	stin, TX, officeholder livi	ng expense
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder	name		Office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Fees Office Food/Beverage Expense Polling Y Glit/Awards/Memorials Expense Printin	tepayment/Reimbursement Overhead/Rental Expense Expense g Expense Expense	Solicitation/Fundralising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a callegory not listed above)		
Credit Card Payment	The instruction Guide explains how to	to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME Jame Custil	lo	3 Filer ID (Ethics Commission Filers)		
3111/2025	5 Payee name Brand Boost	ers .			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
54.13	301 N MCCOIL MCA	911en Tx 7	8501		
8	(a) Category (See Categories listed at the top of this schedule	(b) Description			
PURPOSE OF EXPENDITURE	Advertising Expense	Campa	ign Signs		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
3/22/2625	Tractor Supply				
Amount (\$)	Payee address;	City;	State; Zip Code		
59.53	6823 S- Cage Bly	Pharr	TX78577		
* * ×	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Advertising Expenses	T- Pos	7 Puller		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
3/25/2025	La Especial Bal	Lery			
Amount (\$)	Payee address;	City;	State; Zip Code		
27.90	114 W 3rd St S	unJuan	7x 78589		
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Event Expense	meet	and Greet		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

SCHEDULE F1

	EXPENDITURE CATEGO	ORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Condition Fees Food/Beverage Expense Fees Fees Fees Fees Fees Fees Fees	coan Repayment/Reimbursement office Overhead/Rental Expense offing Expense Printing Expense salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
	The Instruction Guide explains i	now to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME JUMP CAL	57/10	3 Filer ID (Ethics Commission Filers)
4 Date 3124/2025	Pizza Hut		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
257.19	651 N Nebrask	a San Jua	n Tx BJ89
8	(a) Category (See Categories listed at the top of this sch	edule) (b) Description	
PURPOSE OF EXPENDITURE	Event Expense	Meet	and fireet
	(C) Check if travel outside of Texas. Complete Scher	dule T. Check if Austi	n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	•	
3/24/2025	Pizza Hut		
Amount (\$)	Payee address;	City;	State; Zip Code
39.98	651 N Nebrask	ca Sun Jlu	an Tx 78589
- ° ×	Category (See Categories listed at the top of this sche	dule) Description	
PURPOSE	- A -		1 00 1
OF EXPENDITURE	Event Expense	Meet	and Areet
	Check if travel outside of Texas. Complete Scher	dule T. Check if Austi	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		inc.
3/26/2025	The HTV store		
Amount (\$)	Payee address;	City;	State; Zip Code
7.04	2211 S Veterans B1	lvd #9 Sand	Tuan Tx 78589
	Category (See Categories listed at the top of this sche	dule) Description	
PURPOSE OF EXPENDITURE	Advertising Exper	se Campaig	n Shirt
	Check if travel outside of Texas. Complete Sched	dule T. Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF	F THIS SCHEDULE AS NEF	:DED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Fees Food y Gift/A	It Expense //Beverage Expense Awards/Memorials Expense It Services	Office Overthe Polling Experinting Experinting Experinting Experimental Polling Experimental		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above)
Credit Card Payment	Th	e instruction Guide explai		- ·	
1 Total pages Schedule F1:	2 FILER NAME	Jaime C	astille	D	3 Filer ID (Ethics Commission Filers)
3131/2025	5 Payee name	Dollar G.	enero	M	
6 Amount (\$)	7 Payee address	ş;		City;	State; Zip Code
5.41	2		5	san Tuan	TX 78589
8	(a) Category (See	Categories listed at the top of this	s schedule)	(b) Description	:
PURPOSE OF EXPENDITURE	Advert	15ing Expe	nse	Tape for	r Flyers
	(c) Check	if travel outside of Texas. Complete	Schedule T.	Check if Austi	in, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Of		Officeholder name		Office sought	Öffice held
Date	Payee name		8	45	
3/31/2025	mich	naels Bura	gers		
Amount (\$)	Payee address	s; ·	•	City;	State; Zip Code
90.72	909 V	N 157 57	San	Juan -	TX 78589
, ,	Category (See (Categories listed at the top of this	schedule)	Description	
PURPOSE OF EXPENDITURE	Food/	Beverage Ex	pense	Campaia	m Meeting
	Check	If travel outside of Texas. Complete	Schedule T.	Check if Austi	in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Officeholder name		Office sought	Office held
Date	Payee name	- 6			ent)
4/1/2025	The	Graph	Expi	1255	
Amount (\$)	Payee address	;		City;	State; Zip Code
151.55	230 W	v Newcombe	Ave	Phar	Y TX 78577
	Category (See 0	Categories listed at the top of this	schedule)	Description	
PURPOSE OF EXPENDITURE	Advert	Ising Expe	nse	Campaign	n flyers
	Checki	if travel outside of Texas. Complete S	Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Officeholder name		Office sought	Office held
	ATTACH	ADDITIONAL COPIES	OF THIS S	CHEDULE AS NEE	EDED .

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundralsing Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Transportation Equipment & Related Expense Travel In District Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expens Printing Expense Travel Out Of District Other (enter a calegory not listed above) Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 5 Payee name 7 Payee address: City; State: Zip Code **PURPOSE** OF EXPENDITURE (c) Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address: City; State; Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) -Payee address; City; State: Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office held Office sought expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

If the requested information is not applicable, **DO NOT include this page in the report.**

ТІ	he Instruction Guide explains how to complete this	form.	1 Total pages Schedu	lle A2:	
2 FILER NAM	Jaime Castillo		3 Filer ID (Ethics Cor	nmission Filers)	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONT	RIBUTIONS	\$ 3,000.00	0	
5 Date	2203 Fresno San Juan TX	78589	Check if travel outsid	9 In-kind contribution description PONITCAL Advertiment e of Texas. Complete Schedule T.	
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL)(See Instruction	ns) 11 Employe	er (FOR NON-JUDICIA	L)(See Instructions)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUI	DICIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spous	e (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			St. A. St. St. St. Benedit St. V. S	
Date	Full name of contributor	e; Zip Code	Amount of Contribution \$	In-kind contribution description e of Texas. Complete Schedule T.	
Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instruction	ns) Employe	er (FOR NON-JUDICIA	L)(See Instructions)	
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUE	DICIAL) (See Instructions)	
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
				,	
100	ATTACH ADDITIONAL COPIES O	F THIS SCHEDU	ILE AS NEEDED		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The	Instruction Guide explains how to complete this f	1 Total pages Schedule A1:				
2 FILER NAME	Jaime Castillo	3 Filer ID (Ethics Commission Filers)				
4 Date	5 Full name of contributor	D#-	7 Amount of contribution (\$) 10000			
1121/2025	La Herradura 6 Contributor address; City;	(v) yarre				
ŧ	205 W Nolana Loop Sant	10 TI 78 C90				
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ione)			
Own		Limployer (See Insude	ions)			
<u> </u>						
Date	Full name of contributor Out-of-state PAC (II	D#:	Amount of contribution (C) Labor (C)			
	And the start of Mills		Amount of contribution (\$) 1000.00			
1/21/2025	Gorditas y Tacos El Chi lito Contributor address; City;					
1141200	Contributor address; City;	State; Zip Code				
	6400 S. Cage Blud ## P	harr Tx 78577				
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)			
Own-	er ·					
00011		· · ·				
Date	Full name of contributor	D#:	Amount of contribution (\$) SCOW			
215/25	Heron Lopez Contributor address; City;	State; Zip Code				
	Sun Juan	TX 78589				
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)			
Tru	cker	×	· ·			
		T				
Date	Full name of contributor	D#:	Amount of contribution (\$) 200.00			
	Luce Silva					
7/5/1025	Contributor address; City:					
215/20	Contributor address; City;	State; Zip Code				
	MeAllen T	1x 18589				
Principal occupation / Job title (See Instructions) Employer (See Instructions)						
	*	w.				
			·			
	*					
			*			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:				
2 FILER NAME	Jaime Castillo	3 Filer ID (Ethics Commission Filers)				
4 Date 2 12 2025	5 Full name of contributor out-of-state PAC (ID#:) Tanado Almaguer 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) 1.00, (b)				
	2108 Sunset By San Juan Tx Box					
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)						
Date 2/12/2025	Full name of contributor	Amount of contribution (\$) 200.00				
	San Juan Tx 78589					
Principal occupation / Job title (See Instructions) Employer (See Instructions)						
Date	Full name of contributor	Amount of contribution (\$) \000000				
2/27/2025	Contributor address; City; State; Zip Code					
	San Juan Tx 78189					
Principal occupation / Job title (See Instructions) Employer (See Instructions)						
Date 3/28/2027	Full name of contributor oul-of-state PAC (ID#:)	Amount of contribution (\$) しいん				
<i>J</i> (-2-4-	Contributor address; City; State; Zip Code Sun Juan Tx 78589					
Principal occup	ation / Job title (See Instructions) Employer (See Instruct	ions)				

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The	Instruction Guide explains how to	1 Total pages Schedule A1:				
2 FILER NAME		3 Filer ID (Ethics Commission Filers)				
4 Date 328/2025 8 Principal occu	maldonale to	out-of-state PAG AY VES TIME City; TUCAN	State; Zip Code TX 78589 9 Employer (See Instruc	7 Amount of contribution (\$) 300 心		
Date			C (ID#:)	Amount of contribution (\$)		
÷	Contributor address;	City;	State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instruc	tions)			
Date	Full name of contributor [□ out-of-state PAC	C (ID#:) State; Zip Code	Amount of contribution (\$)		
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	ctions)		
Date	Full name of contributor	out-of-state PAC	C (ID#:) State; Zip Code	Amount of contribution (\$)		
Principal occup	nation / Job title (See Instructions)	2	Employer (See Instruc	tions)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						