

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Ms. Melina Castro

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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

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18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00
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2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	1,315.00
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EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	147.38
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4. TOTAL POLITICAL EXPENDITURES	\$	2039.02
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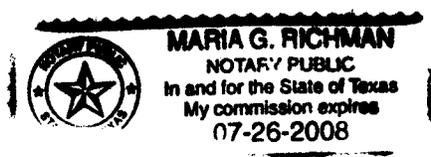
CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	775.09
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OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	3,720.00
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19 AFFIDAVIT



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.

X Melina Castro
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said X Melina Castro, this the 15th day of July, 20 05, to certify which, witness my hand and seal of office.

Maria G. Richman Signature of officer administering oath
Maria G. Richman Printed name of officer administering oath
NOTARY Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

The **INSTRUCTION GUIDE** explains how to complete this form. **1** Total pages this report:
3/7

2 FILER NAME
Ms. Melina Castro **3** ACCOUNT # (Ethics Commission filers)
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4 Date 06/01/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Fermin Acosta 6 Contributor address; City; State; Zip Code 1334 Loma Verde El Paso TX 79936	7 Amount of contribution (\$) 50.00	8 In-kind contribution description (if applicable)
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9 Principal occupation (Optional) **10** Employer (Optional)

Date 05/31/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) El Paso Municipal Police Officers Association PAC Fund Contributor address; City; State; Zip Code 747 E. San Antonio, Ste. 103 El Paso TX 79901	Amount of contribution (\$) 1200.00	In-kind contribution description (if applicable)
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Principal occupation (Optional) Employer (Optional)

Date 05/31/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Pinkney Garrison III Contributor address; City; State; Zip Code 10217 Galahad Way El Paso TX 79924	Amount of contribution (\$) 25.00	In-kind contribution description (if applicable)
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Principal occupation (Optional) Employer (Optional)

Date 06/03/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Dr. Robert W. Watson Contributor address; City; State; Zip Code 8611 North Loop El Paso TX 79907	Amount of contribution (\$) 40.00	In-kind contribution description (if applicable)
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Principal occupation (Optional) Employer (Optional)

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LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages report:
4/7

2 FILER NAME: Ms. Melina Castro 3 ACCOUNT # (Ethics Commission filers):
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4 TOTAL OF UNITEMIZED LOANS: \$ 0.00

5 Date of loan 05/31/2005	7 Name of lender <input type="checkbox"/> out-of-state PAC(ID# _____) Melina Castro	9 Loan Amount (\$) 92.20
6 Is lender a financial Institution? N	8 Lender address; City; State; Zip Code 9932 Ballistic El Paso TX 79924	10 Interest rate 0
		11 Maturity date 07/14/2005

12 Description of Collateral
 none

13 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	14 Name of guarantor 15 Guarantor address; City; State; Zip Code	16 Amount Guaranteed (\$)
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17 Principal Occupation 18 Employer

Date of loan 05/31/2005	Name of lender <input type="checkbox"/> out-of-state PAC(ID# _____) Ms. Patricia Castro	Loan Amount (\$) 400.00
Is lender a financial Institution? N	Lender address; City; State; Zip Code 3816 Rocio El Paso TX 79936	Interest rate
		Maturity date 12/31/2005

Description of Collateral
 none

GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
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Principal Occupation Employer

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
5/7

2 FILER NAME
Ms. Melina Castro

3 ACCOUNT # (Ethics Commission filers)
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4 Date
05/31/2005

5 Payee name
AUS Services

7 Amount
(\$)
1126.57

6 Payee address; City; State; Zip Code
2020 Mills
El Paso TX 79901

8 Purpose of expenditure (See instructions regarding type of information required.)
Mailing Services

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

Date
07/14/2005

Payee name
Ms. Melina Castro

Amount
(\$)
92.20

Payee address; City; State; Zip Code
9932 Ballistic
El Paso TX 79924

Purpose of expenditure (See instructions regarding type of information required.)
Reimbursement for Current Period Expenditures from Personal Funds

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

Date
06/04/2005

Payee name
Mr. George Munoz

Amount
(\$)
150.00

Payee address; City; State; Zip Code
1500 Vista de Oro
El Paso TX 79935

Purpose of expenditure (See instructions regarding type of information required.)
Entertainment Services - Election Night

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

Date
07/08/2005

Payee name
T-mobile

Amount
(\$)
430.67

Payee address; City; State; Zip Code
P.O. Box 790047
St. Louis MO 63179-0047

Purpose of expenditure (See instructions regarding type of information required.)
Mobile Phone Service

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 report:
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2 FILER NAME

Ms. Melina Castro

3 ACCOUNT # (Ethics Commission filers)
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4 Date
05/31/2005

5 Payee name
Clear Channel Outdoor

6 Payee address; City; State; Zip Code
2305 Sparkman

El Paso TX 79903

7 Purpose of expenditure (See instructions regarding type of information required.)
Vinyl Sign to Update Billboard

8 Amount (\$)
34.00

Reimbursement from political contributions intended

Date
06/04/2005

Payee name
Sams Club

Payee address; City; State; Zip Code
7001 Gateway West 79925

El Paso TX 79925

Purpose of expenditure (See instructions regarding type of information required.)
Items for Election Day Reception

Amount (\$)
15.03

Reimbursement from political contributions intended

Date
06/04/2005

Payee name
Sams Club

Payee address; City; State; Zip Code
7001 Gateway West 79925

El Paso TX 79925

Purpose of expenditure (See instructions regarding type of information required.)
Various Items for Reception

Amount (\$)
43.17

Reimbursement from political contributions intended

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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 report:
7/7

2 FILER NAME

Ms. Melina Castro

3 ACCOUNT # (Ethics Commission filers)

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4 Date	5 Payee name	8 Amount (\$)
05/28/2005	CiCi's Pizza 6 Payee address; City; State; Zip Code 4654 TRANSMOUNTAIN DR EL PASO TX 79924 7 Purpose of expenditure (See instructions regarding type of information required.) Volunteer lunch	48.31
05/31/2005	Clear Channel Outdoor Payee address; City; State; Zip Code 2305 Sparkman El Paso TX 79903 Purpose of expenditure (See instructions regarding type of information required.) Vote June 4th snipe	34.00
06/04/2005	Sams Club Payee address; City; State; Zip Code 7001 Gateway West 79925 El Paso TX 79925 Purpose of expenditure (See instructions regarding type of information required.) reception party	43.17
06/04/2005	Sams Club Payee address; City; State; Zip Code 7001 Gateway West 79925 El Paso TX 79925 Purpose of expenditure (See instructions regarding type of information required.) Plates for party	15.03

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