

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)
00

2 Total pages this report:
1/10

3 CANDIDATE /
OFFICEHOLDER
NAME

TITLE FIRST MI
Ms. Melina
NICKNAME LAST SUFFIX
Castro

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt #

Amount

Date Processed

Date Imaged

CITY CLERK DEPT.
05 APR 05 PM 2:13

4 CANDIDATE /
OFFICEHOLDER
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
9932 Ballistic
El Paso TX 79924

Change of Address

5 CAMPAIGN
TREASURER
NAME

TITLE FIRST MI
Ms. Melina
NICKNAME LAST SUFFIX
Castro

6 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
9932 Ballistic
El Paso TX 79924

7 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(915) 731-1606

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 THROUGH Month Day Year
03/02/2005 03/28/2005

10 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff General Special
05/07/0005

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)
Other -- City Representative 4

13 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

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME

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

\$ 0.00

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

\$ \$1095.24

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ \$2066.05

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

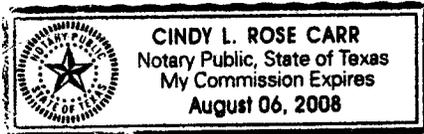
\$ 349.19

OUTSTANDING LOAN TOTALS

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

\$ \$1320.00

19 AFFIDAVIT



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.

Melina Castro

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Melina Castro, this the 6th day of April, 2005, to certify which, witness my hand and seal of office.

Cindy L. Rose Carr
Signature of officer administering oath

Cindy L. Rose Carr
Printed name of officer administering oath

Notary Public
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:
3/10

2 FILER NAME
Ms. Melina Castro 3 ACCOUNT # (Ethics Commission filers)
00

| | | | |
|----------------------|---|--|--|
| 4 Date 03/15/2005 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Jobe Pac 6 Contributor address; City; State; Zip Code No. 1 McKelligan Canyon Rd. El Paso TX 79930 | 7 Amount of contribution (\$) 1060.24 | 8 In-kind contribution description (if applicable) |
|----------------------|---|--|--|

9 Principal occupation (Optional) 10 Employer (Optional)

| | | | |
|--------------------|---|--|---|
| Date 03/15/2005 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) IT Solutions Contributor address; City; State; Zip Code 919-B Agua Caliente El Paso TX 79912 | Amount of contribution (\$) 35.00 | In-kind contribution description (if applicable) Web Service |
|--------------------|---|--|---|

Principal occupation (Optional) Employer (Optional)

LOANS

SCHEDULE E

The **INSTRUCTION GUIDE** explains how to complete this form.

1 Total pages report:

4/10

2 FILER NAME

Ms. Melina Castro

3 ACCOUNT # (Ethics Commission filers)

00

4 TOTAL OF UNITEMIZED LOANS:

↔↔↔↔↔↔

\$ 0.00

5 Date of loan

03/22/2005

7 Name of lender

Ms. Candelaria Castro

out-of-state PAC(ID# _____)

9 Loan Amount (\$)

500.00

6 Is lender a financial institution?

N

8 Lender address; City; State; Zip Code

9932 Ballistic

El Paso TX 79924

10 Interest rate

7%

11 Maturity date

12/31/2005

12 Description of Collateral

none

13 GUARANTOR INFORMATION

not applicable

14 Name of guarantor

15 Guarantor address; City; State; Zip Code

16 Amount Guaranteed (\$)

17 Principal Occupation

18 Employer

Date of loan

03/02/2005

Name of lender

Ms. Melina Castro

out-of-state PAC(ID# _____)

Loan Amount (\$)

300.00

Is lender a financial institution?

N

Lender address; City; State; Zip Code

9932 Ballistic

El Paso TX 79924

Interest rate

7%

Maturity date

12/31/2005

Description of Collateral

none

GUARANTOR INFORMATION

not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed (\$)

Principal Occupation

Employer

POLITICAL EXPENDITURES**SCHEDULE F**

| | | |
|--|---|---|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 Total pages report: 6/10 |
| 2 FILER NAME Ms. Melina Castro | | 3 ACCOUNT # (Ethics Commission filers) 00 |
| 4 Date 03/16/2005 | 5 Payee name AUS Services 6 Payee address; City; State; Zip Code 2020 Mills Ave. El Paso TX 79901 | 7 Amount (\$) 300.00 |
| 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 03/18/2005 | Payee name AUS Services Payee address; City; State; Zip Code 2020 Mills Ave. El Paso TX 79901 | Amount (\$) 777.46 |
| Purpose of expenditure (See instructions regarding type of information required.) Mailing Services | | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date 03/23/2005 | Payee name AUS Services Payee address; City; State; Zip Code 2020 Mills Ave. El Paso TX 79901 | Amount (\$) 163.66 |
| Purpose of expenditure (See instructions regarding type of information required.) Mailing Services | | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date 03/28/2005 | Payee name AUS Services Payee address; City; State; Zip Code 2020 Mills Ave. El Paso TX 79901 | Amount (\$) 117.87 |
| Purpose of expenditure (See instructions regarding type of information required.) Mailing Services | | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |

POLITICAL EXPENDITURES**SCHEDULE F**The **INSTRUCTION GUIDE** explains how to complete this form.**1** Total pages report:
7/10**2** FILER NAME
Ms. Melina Castro**3** ACCOUNT # (Ethics Commission filers)
00**4** Date
03/02/2005**5** Payee name

City of El Paso

7 Amount
(\$)
250.00**6** Payee address; City; State; Zip Code

1 Civic Center Plaza

El Paso TX 79901

8 Purpose of expenditure (See instructions regarding type of information required.)
Candidate Filing Fee**9** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
03/04/2005

Payee name

Martie Snortum Studios

Amount
(\$)
173.20

Payee address; City; State; Zip Code

2905 Pershing Dr.

El Paso TX 79903

Purpose of expenditure (See instructions regarding type of information required.)
PhotographyComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
03/16/2005

Payee name

Office Depot

Amount
(\$)
55.08

Payee address; City; State; Zip Code

8701 Gateway Blvd. West

El Paso TX 79925

Purpose of expenditure (See instructions regarding type of information required.)
Paper suppliesComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
03/15/2005

Payee name

Wells Fargo Bank

Amount
(\$)
19.95

Payee address; City; State; Zip Code

220 Mills

El Paso TX 79901

Purpose of expenditure (See instructions regarding type of information required.)
Printed checks for campaign accountComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
8/10

2 FILER NAME
Ms. Melina Castro

3 ACCOUNT # (Ethics Commission filers)
00

4 Date
03/22/2005

5 Payee name
El Paso County - Dept. of Elections

7 Amount
(\$)
25.50

6 Payee address; City; State; Zip Code
500 E. San Antonio
El Paso TX 79901

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

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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
9/10

2 FILER NAME

Ms. Melina Castro

3 ACCOUNT # (Ethics Commission filers)
00

| 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 (\$) | Reimbursement from political contributions intended |
|------------|----------------------------|--|---|---------------|---|
| 03/13/2005 | Applebees | 4700 Woodrow Bean El Paso TX 79924 | Food for volunteers | 19.46 | <input checked="" type="checkbox"/> |
| 03/28/2005 | Burger King | 10000 Rushing El Paso TX 79924 | Food for volunteers | 6.03 | <input checked="" type="checkbox"/> |
| 03/04/2005 | Davids Penants and Banners | 9911 Carnegie St. El Paso TX 79925 | Banner | 101.57 | <input checked="" type="checkbox"/> |
| 03/13/2005 | Goodtime Store | 9787 McCombs El Paso TX 79924 | Drinks for volunteers | 2.90 | <input checked="" type="checkbox"/> |
| 03/26/2005 | Goodtime Store | 9787 McCombs El Paso TX 79924 | Gas | 30.00 | <input checked="" type="checkbox"/> |

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
10/10

2 FILER NAME

Ms. Melina Castro

3 ACCOUNT # (Ethics Commission filers)
00

4 Date
03/26/2005

5 Payee name
Goodtime Store

8 Amount
(\$)
4.07

6 Payee address; City; State; Zip Code
9787 McCombs

El Paso TX 79924

7 Purpose of expenditure (See instructions regarding type of information required.)
Drinks for volunteers

Reimbursement
from political
contributions
intended

Date
03/25/2005

5 Payee name
KalbuHouse Restaurant

8 Amount
(\$)
19.30

6 Payee address; City; State; Zip Code
5718 Dyer

El Paso TX 79904

7 Purpose of expenditure (See instructions regarding type of information required.)
Food for volunteers

Reimbursement
from political
contributions
intended