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

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): 11111110

2 PAGE #: 1 of 10

OFFICE USE ONLY

Date Received: CITY CLERK DEPT. 09 MAY 29 AM 3:42

Date Hand-delivered or Date Postmarked

Receipt # | Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: Mrs. FIRST: Melina MI:

NICKNAME LAST: Castro SUFFIX:

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

9932 Ballistic
El Paso, TX 79924

5 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST: Melina MI

NICKNAME LAST: Castro SUFFIX

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

9932 Balilistic
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

04/30/2009 05/27/2009

10 ELECTION

ELECTION DATE Month Day Year: 06/07/2009

ELECTION TYPE: ☐ Primary ☒ Runoff ☐ General ☐ Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure.

Name

Address/PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2

CITY CLERK DEPT.
09 MAY 29 PM 3:42

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Castro, Melina (Mrs.)

15 ACCOUNT # (Ethics Commission filers) 11111110

16 NOTICE FROM POLITICAL COMMITTEE(S)

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

COMMITTEE TYPE	COMMITTEE NAME
☐ GENERAL	COMMITTEE ADDRESS
☐ SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

17 CONTRIBUTION TOTALS

1.	TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ 130.00
2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 6,890.00
3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ 1,191.23
4.	**TOTAL POLITICAL EXPENDITURES**	$ 10,376.05
5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 13,595.72
6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 2,870.00

EXPENDITURE TOTALS

CONTRIBUTION BALANCE

OUTSTANDING LOAN TOTALS

18 AFFIDAVIT

DOLORES M. JENKINS
NOTARY PUBLIC
In and for the State of Texas
My commission expires
04-25-2010

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 Melina Castro, this the 29th day of May, 2009, to certify which, witness my hand and seal of office.

Signature of officer administering oath	Print name of officer administering oath	Title of officer administering oath
Dolores M. Jenkins	Dolores M. Jenkins	Notary

CITY CLERK DEPT.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

09 MAY 29 PM 3:43

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 1/3 Report: 3/10

2 FILER NAME Castro, Melina (Mrs.)

3 ACCOUNT # (Ethics Commission filers) 11111110

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)
05/27/2009	BUSTAMANTE, FRANCISCO (Mr.) 9429 CHANTILLY AVE. EL PASO, TX 79907	$1,000.00	(If travel outside of Texas, complete Schedule T) ☐

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)
05/27/2009	CORTEZ, LAURA (Ms.) 12438 PASEO BLANCO DR EL PASO, TX 79928	$100.00	(If travel outside of Texas, complete Schedule T) ☐

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)
05/27/2009	COX, ALEJANDRA (Ms.) 721 CERVANTES COURT EL PASO, TX 79912	$1,000.00	(If travel outside of Texas, complete Schedule T) ☐

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)
05/14/2009	ESQUIVEL, ESTELA (Ms.) 7117 PEAR TREE EL PASO, TX 79915	$600.00	(If travel outside of Texas, complete Schedule T) ☐

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)
05/12/2009	GIMENEZ, GUSTAVO TEAL EL PASO, TX 79924	$100.00	(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

CITY CLERK DEPT
09 MAY 29 PM 3:43

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 2/3 Report: 4/10

2 FILER NAME Castro, Melina (Mrs.)

3 ACCOUNT # (Ethics Commission filers) 11111110

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)
05/27/2009	KEMENDO, VINCENT (Mr.) 1630 PARK VIEW CIRCLE EL PASO, TX 79935	$160.00	
		(If travel outside of Texas, complete Schedule T) ☐	

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)
05/14/2009	MALDONADO, GINA (Mr.) 6024 PALMDALE EL PASO, TX 79932	$400.00	
		(If travel outside of Texas, complete Schedule T) ☐	

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)
05/18/2009	MALDONADO, HECTOR (Mr.) 6024 PALMDALE EL PASO, TX 79932	$400.00	
		(If travel outside of Texas, complete Schedule T) ☐	

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)
05/18/2009	MARTINEZ, JAIME (Mrs.) 4336 DONNYBROOK EL PASO, TX 79902	$100.00	
		(If travel outside of Texas, complete Schedule T) ☐	

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)
05/18/2009	MARTINEZ, LESLIE (Mrs.) 4336 DONNYBROOK EL PASO, TX 79902	$100.00	
		(If travel outside of Texas, complete Schedule T) ☐	

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 3/3 Report: 5/10

2 FILER NAME Castro, Melina (Mrs.)

3 ACCOUNT # (Ethics Commission filers) 11111110

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)
05/18/2009	PeREZ, ELIAS (Mr.) 5710 TAMBURO EL PASO, TX 79905	$400.00	
		(If travel outside of Texas, complete Schedule T) ☐	

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)
05/12/2009	T0KOPH, DAVID (Mr.) PO BOX 12 SANTA TERESA, NM 88008	$1,000.00	
		(If travel outside of Texas, complete Schedule T) ☐	

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)
05/12/2009	ToKOPH, CAROLYN (Mr.) PO BOX 12 SANTA TERESA, NM 88008	$1,000.00	
		(If travel outside of Texas, complete Schedule T) ☐	

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)
05/18/2009	TOKOPH JR, DAVID (Mr.) 2516 13TH STREET NW WASHINGTON, DC 20009	$400.00	
		(If travel outside of Texas, complete Schedule T) ☐	

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

POLITICAL EXPENDITURES

CITY CLERK DEPT.
09 MAY 29 PM 3:43

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 1/4 Report: 6/10

2 FILER NAME Castro, Melina (Mrs.)

3 ACCOUNT # (Ethics Commission filers)
11111110

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
05/12/2009	AMIGO SIGNS 9584 DYER SUITE G EL PASO, TX 79924	$568.31

8 Purpose of payment (See instructions regarding type of information required.)
SIGNS
(If travel outside of Texas, complete Schedule T) ☐

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
05/26/2009	ENTRAVISION RADIO 5426 MESA EL PASO, TX 79912	$1,470.50

Purpose of payment (See instructions regarding type of information required.)
ADVERTIISNG
(If travel outside of Texas, complete Schedule T) ☐

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
05/26/2009	FURRS CAFETERIA 8528 DYER EL PASO, TX 79904	$74.80

Purpose of payment (See instructions regarding type of information required.)
VOLUNTEER LUNCH
(If travel outside of Texas, complete Schedule T) ☐

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
05/01/2009	H & H MAILING SERVICE 9020 MAYFLOWER EL PASO, TX 79925	$2,339.28

Purpose of payment (See instructions regarding type of information required.)
PRINT & MAIL SERVICE
(If travel outside of Texas, complete Schedule T) ☐

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

CITY CLERK DEPT.
09 MAY 29 PM 3:43

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 2/4 Report: 7/10

2 FILER NAME Castro, Melina (Mrs.)

3 ACCOUNT # (Ethics Commission filers)
11111110

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
05/22/2009	H & H MAILING SERVICE 9020 MAYFLOWER EL PASO, TX 79925	$1,433.54

8 Purpose of payment (See instructions regarding type of information required.)
PRINT & MAIL SERVICE

(If travel outside of Texas, complete Schedule T) ☐

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:
Office held:

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
05/26/2009	H & H MAILING SERVICE 9020 MAYFLOWER EL PASO, TX 79925	$1,584.45

Purpose of payment (See instructions regarding type of information required.)
PRINT & MAIL SERVICE

(If travel outside of Texas, complete Schedule T) ☐

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:
Office held:

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
04/30/2009	LUIS BARRON (Mr.) 5820 tHREADGILL EL PASO, TX 79924	$80.00

Purpose of payment (See instructions regarding type of information required.)
IT SERVICE

(If travel outside of Texas, complete Schedule T) ☐

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:
Office held:

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
05/11/2009	MULLIGANS 10710 GATEWAY BLVD EL PASO, TX 79924	$433.00

Purpose of payment (See instructions regarding type of information required.)
CATERING VICTORY PARTY

(If travel outside of Texas, complete Schedule T) ☐

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:
Office held:

POLITICAL EXPENDITURES

CITY CLERK DEPT.
09 MAY 29 PM 3:43

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 3/4 Report: 8/10

2 FILER NAME Castro, Melina (Mrs.)

3 ACCOUNT # (Ethics Commission filers)
11111110

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
05/21/2009	PDX PRINTING 100 PORFIRIO DIAZ EL PASO, TX 79924	$502.33

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

(If travel outside of Texas, complete Schedule T) ☐

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
05/05/2009	PETER PIPER PIZZA 9450 DYER EL PASO, TX 79924	$58.43

Purpose of payment (See instructions regarding type of information required.)
LUNCH VOLUNTEERS

(If travel outside of Texas, complete Schedule T) ☐

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
05/22/2009	PRIME NEW YORK 233 BROADWAY STE 702 NEW YORK, TX 10279	$210.00

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

(If travel outside of Texas, complete Schedule T) ☐

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
05/08/2009	TMOBILE PO BOX 660252 DALLAS, TX 75266	$91.24

Purpose of payment (See instructions regarding type of information required.)
MOBILE PHONE SERVICE

(If travel outside of Texas, complete Schedule T) ☐

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

POLITICAL EXPENDITURES

CITY CLERK DEPT.
09 MAY 29 PM 3:43

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 4/4 Report: 9/10

2 FILER NAME Castro, Melina (Mrs.)

3 ACCOUNT # (Ethics Commission filers)
11111110

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
05/11/2009	Wal-Mart 4530 Woodrow Bean Transmountain Dr El Paso, TX 79924	$180.29

8 Purpose of payment (See instructions regarding type of information required.)
VOLUNTEER FOOD AND DRINKS

(If travel outside of Texas, complete Schedule T) ☐

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:
Office held:

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
05/21/2009	Wal-Mart 4530 Woodrow Bean Transmountain Dr El Paso, TX 79924	$100.00

Purpose of payment (See instructions regarding type of information required.)
INK CARTRIDGES

(If travel outside of Texas, complete Schedule T) ☐

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:
Office held:

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

CITY CLERK DEPT.
09 MAY 29 PM 3:43

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 1/1 Report: 10/10

2 FILER NAME Castro, Melina (Mrs.)

3 ACCOUNT # 11111110 (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 ($)	Reimbursement from political contributions intended
05/13/2009	ChURCHS CHICKEN 5328 WILLRUTH EL PASO, TX 79924	VOLUNTEER LUNCH (If travel outside of Texas, complete Schedule T) ☐	$15.14	☒
05/22/2009	Family Dollar Stores 9815 Dyer St El Paso, TX 79924	SUPPLIES TO PUT UP SIGNS (If travel outside of Texas, complete Schedule T) ☐	$15.97	☒
05/05/2009	WELLS FARGO WOODROW BEAN EL PASO, TX 79924	POSTAGE STAMPS-INVITES (If travel outside of Texas, complete Schedule T) ☐	$27.54	☒