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 14

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt # | Amount

Date Processed

Date Imaged

CITY CLERK DEPT. 09 APR -9 PM 2:56

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 MI

NICKNAME LAST SUFFIX

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

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

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

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

01/01/2009 03/30/2009

10 ELECTION

ELECTION DATE Month Day Year: 05/09/2009

ELECTION TYPE: ☐ Primary ☐ Runoff ☒ General ☐ Special

11 OFFICE

OFFICE HELD (if any): City Representative District #4

12 OFFICE SOUGHT (if known): City Representative District #4

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

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

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

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

CITY CLERK DEPT.
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17 CONTRIBUTION TOTALS

1.	TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ 505.00
2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 9,865.00

EXPENDITURE TOTALS

3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ 1,377.02
4.	**TOTAL POLITICAL EXPENDITURES**	$ 5,092.85

CONTRIBUTION BALANCE

5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 5,773.10

OUTSTANDING LOAN TOTALS

6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 2,870.00

18 AFFIDAVIT

JACQUELINE S. LEYVA
NOTARY PUBLIC
In and for the State of Texas
My commission expires
12-10-2011
NOTARY PUBLIC STATE OF TEXAS

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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Melina Castro, this the 9th day of April, 20 09, to certify which, witness my hand and seal of office.

Jacqueline S. Leyva	Jacqueline S. Leyva	Notary
Signature of officer administering oath	Print name of officer administering oath	Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 1/7 Report: 3/14

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)
03/13/2009	Aguilar, Carlos III (Mr.) 3414 Montana El Paso, TX 79903	$100.00	
		(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)
03/27/2009	Arroyo, Jorge (Mr.) 748 Camino Norte El Paso, TX 79932	$500.00	
		(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)
03/27/2009	Arroyo, MARIA (Mr.) 748 Camino Norte El Paso, TX 79932	$500.00	
		(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)
03/13/2009	Bowling, PAIGE (Mrs.) 4855 COHEN EL PASO, TX 79924	$250.00	
		(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)
03/13/2009	Bowling, RANDALL Jr. (Mr.) 4855 COHEN El Paso, TX 79924	$250.00	
		(If travel outside of Texas, complete Schedule T) ☐	

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

CITY CLERK DEPT.
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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 2/7 Report: 4/14

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)
03/09/2009	BUNNELL, ROBERT (Mr.) 5325 YVETTE AVE EL PASO, TX 79924	$100.00	
		(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)
03/23/2009	CHAIRD, HYUNJU 909 AGUA CALIENTE EL PASO, TX 79912	$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)
03/13/2009	DASHER, ROCHESTER (Mrs.) 1313 HONEYSUCKLE EL PASO, TX 79925	$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)
03/09/2009	EL PASO MUNICIPAL POLICE OFFICERS ASSOCIATION PAC 747 E SAN ANTONIO STE, 103 EL PASO, TX 79901	$500.00	
		(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)
01/16/2009	EPPERSON, IRENE (Ms.) 5400 SILENT SUN EL PASO, TX 79912	$400.00	
		(If travel outside of Texas, complete Schedule T) ☐	

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

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CITY CLERK DEPT.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 3/7 Report: 5/14

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)
01/16/2009	FRIEDMAN, DAVID (Mrs.) 327 E TUCKEY N PHOENIX, AZ 85012	$250.00	
		(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)
01/16/2009	FRIEDMAN, GABY (Mrs.) 327 E TUCKEY N PHOENIX, AZ 85012	$250.00	
		(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)
01/16/2009	GRAHAM, ELIJAH (Mr.) 10780 PLEASANTSAND EL PASO, TX 79924	$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)
03/13/2009	GRAHAM, ELIJAH (Mr.) 10780 PLEASANTSAND EL PASO, TX 79924	$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)
03/27/2009	Hernandez, HECTOR (Mr.) 1262 TIERRA FRESA EL PASO, TX 79936	$500.00	
		(If travel outside of Texas, complete Schedule T) ☐	

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

CITY CLERK 09 APR -5 PM 2

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 4/7 Report: 6/14

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)
03/27/2009	Hernandez, PRISCILLA (Mr.) 1262 TIERRA FRESA EL PASO, TX 79936	$500.00	(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)
03/13/2009	JIMENEZ, DEMETRIO (Mr.) 6600 QUAIL COVE CT EL PASO, TX 79912	$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)
03/23/2009	Lee, FRANK (Mr.) 6101 GATEWAY BLVD EL PASO, TX 79925	$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)
03/16/2009	Lisa, Rosenbaum (Mrs.) PO Box 1183 El Paso, TX 79947	$250.00	(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)
03/23/2009	MARIN, RICARDO (Mr.) 5700 DIAMOND POINT CIR EL PASO, TX 79912	$300.00	(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 5/7 Report: 7/14

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)
03/13/2009	MEDRANO, WILLIAM (Mr.) 9424 STAHALA EL PASO, TX 79924	$100.00	
		(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)
03/27/2009	PeNDLEY, RICKEY (Mr.) 4736 JOEL DR EL PASO, TX 79924	$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)
03/13/2009	RATCLIFF, JANE (Mrs.) 8706 MAGNETIC EL PASO, TX 79904	$60.00	
		(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)
03/09/2009	RICHARDS, RALPH (Mr.) PO BOX 137 FAIRACRES, NM 88033	$200.00	
		(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)
03/09/2009	RICHARDS, VIRGINIA (Mr.) PO BOX 137 FAIRACRES, NM 88033	$200.00	
		(If travel outside of Texas, complete Schedule T) ☐	

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

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 6/7 Report: 8/14

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)
03/16/2009	Rosenbaum, Jerry (Mr.) PO Box 544 El Paso, TX 79944	$500.00	
		(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)
03/16/2009	Rosenbaum, Marvin (Mr.) PO Box 1183 El Paso, TX 79947	$250.00	
		(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)
03/13/2009	SaNTAMARIA, EDWARD (Mr.) 10657 VISTA DEL SOL STE H EL PASO, TX 79935	$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)
03/13/2009	SaNTAMARIA, MICHAEL (Mr.) 324 CORAL SKY LN EL PASO, TX 79912	$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)
03/14/2009	SEO, HUN 12224 CHILSOM PASS DR EL PASO, TX 79936	$300.00	
		(If travel outside of Texas, complete Schedule T) ☐	

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

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 7/7 Report: 9/14

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)
03/27/2009	Sorenson, JAMES (Mrs.) 1672 Billy Casper El Paso, TX 79936	$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)
03/27/2009	Sorenson, Tina (Mrs.) 1672 Billy Casper El Paso, TX 79936	$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)
03/23/2009	Eun Kon, Chaird 9090 A Agua Caliente, El Paso, TX 79912 M.C.	$100.00	M.C.
		(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)
03/23/2009	YOO, ANTHONY (Mr.) 6536 ISLA DEL REY EL PASO, TX 79912	$100.00	
		(If travel outside of Texas, complete Schedule T) ☐	

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

CITY CLERK DEPT
09 APR -9 PM 2:56

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 1/4 Report: 10/14

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 ($)
03/06/2009	Allprint 7230 D GATEWAY EAST El Paso, TX 79915	$162.38

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 ($)
03/25/2009	AMIGO SIGNS 9584 DYER SUITE G EL PASO, TX 79924	$150.00

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

(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 ($)
03/03/2009	BARRON, LUIS (Mr.) 5820 THREADGUILL DR EL PASO, TX 79924	$200.00

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

(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 ($)
01/23/2009	Castro, Melina (Mrs.) 9932 Ballistic El Paso, TX 79924	$300.00

Purpose of payment (See instructions regarding type of information required.)
REIMBURSEMENT OF LOAN

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

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

Office sought:
Office held:

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CITY CLERK DEPT.

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 2/4 Report: 11/14

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 ($)
03/23/2009	Castro, Melina (Mrs.) 9932 Ballistic El Paso, TX 79924	$50.00

8 Purpose of payment (See instructions regarding type of information required.)
REIMBURSEMENT FUNDRAISER CAKE

(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 ($)
03/02/2009	City of El Paso 2 Civic Center Plaza El Paso, TX 79901	$250.00

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

(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 ($)
02/05/2009	COUNTY ELECTIONS DEPARTMENT 500 E SAN ANTONIO EL PASO, TX 79901	$90.00

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

(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 ($)
03/26/2009	EXPEDEX 6800 GATEWAY EAST #30 EL PASO, TX 79915	$108.03

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

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

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

Office sought:
Office held:

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CITY CLERK DEPT.

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 3/4 Report: 12/14

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 ($)
02/06/2009	H & H MAILING SERVICE 9020 MAYFLOWER EL PASO, TX 79925	$1,760.00

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 ($)
02/05/2009	SNORTUM, MARTY (Mr.) 2905 PERSHING EL PASO, TX 79905	$227.33

Purpose of payment (See instructions regarding type of information required.)
PHOTOS
(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 ($)
02/11/2009	TMOBILE PO BOX 660252 DALLAS, TX 75266	$116.36

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:

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
03/12/2009	TMOBILE PO BOX 660252 DALLAS, TX 75266	$114.99

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:

CITY CLERK DEPT.
09 MAR -9 PM 2:36

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 4/4 Report: 13/14

2 FILER NAME Castro, Melina (Mrs.)

3 ACCOUNT # (Ethics Commission filers)
11111110

4 Date	5 Payee name	7 Amount ($)
03/25/2009	TMOBILE 6 Payee address; City; State; Zip Code PO BOX 660252 DALLAS, TX 75266	$136.74

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

CITY CLERK DEPT.
09APR -9 PM 2:56

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 1/1 Report: 14/14

2 FILER NAME Castro, Melina (Mrs.)

3 ACCOUNT # 11111110 (Ethics Commission filers)

4 Date	5 Payee name	8 Amount ($)
03/23/2009	MARTINEZ, KARLA (Mrs.) 6 Payee address; City; State; Zip Code 11835 DAVID FORTI EL PASO, TX 79925	$50.00
	7 Purpose of expenditure (See instructions regarding type of information required.) CAKE FOR FUNDRAISER **(If travel outside of Texas, complete Schedule T)** ☐	☒ Reimbursement from political contributions intended

CITY CLERK DEPT.
09APR -9 PM 2:56