

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Castro, Melina (Ms.)	15 ACCOUNT # (Ethics Commission filers) 01111111
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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. ..

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

17 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)	\$ 150.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 1,599.01
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,233.77
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 298.34
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 3,720.00

18 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.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said MELINA CASTRO, this the 16TH day of January, 2007, to certify which, witness my hand and seal of office.

Dolores M. Jenkins
Signature of officer administering oath

DOLORES M JENKINS
Print name of officer administering oath

NOTARY
Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/2 Report: 4/6
2 FILER NAME Castro, Melina (Ms.)		3 ACCOUNT # (Ethics Commission filers) 01111111
4 Date 07/26/2006	5 Payee name Office Depot 6 Payee address; City; State; Zip Code 8701 Gateway Blvd. El Paso, TX 79928	7 Amount (\$) \$113.65
8 Purpose of payment (See instructions regarding type of information required.) Mobile Phone Service		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 10/30/2006	Payee name Olive Garden Payee address; City; State; Zip Code 740 Sunland Park Dr El Paso, TX 79912	Amount (\$) \$59.75
Purpose of payment (See instructions regarding type of information required.) Office Luncheon		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 08/21/2006	Payee name T-Mobile Payee address; City; State; Zip Code P.O.Box 37380 Albuquerque, NM 87176	Amount (\$) \$94.77
Purpose of payment (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:
Date 09/14/2006	Payee name T-Mobile Payee address; City; State; Zip Code P.O.Box 37380 Albuquerque, NM 87176	Amount (\$) \$84.57
Purpose of payment (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:

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 1/1 Report: 3/6

2 FILER NAME Castro, Melina (Ms.)

3 ACCOUNT # (Ethics Commission filers)

01111111

4 Date

5 Full name of contributor out-of-state PAC(ID# _____)
Chavez, Norma (Ms.)

7 Amount of
contribution (\$)

8 In-kind contribution
description (if applicable)

12/29/2006

6 Contributor address; City; State; Zip Code
824 Bolivia
El Paso, TX 79903

\$150.00

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

CITY CLERK DEPT.
07 JAN 16 PM 3:08

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/2 Report: 5/6
2 FILER NAME Castro, Melina (Ms.)		3 ACCOUNT # (Ethics Commission filers) 01111111
4 Date 10/03/2006	5 Payee name T-Mobile 6 Payee address; City; State; Zip Code P.O.Box 37380 Albuquerque, NM 87176	7 Amount (\$) \$81.30
8 Purpose of payment (See instructions regarding type of information required.) Mobile Phone Service		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 10/20/2006	Payee name T-Mobile Payee address; City; State; Zip Code P.O.Box 37380 Albuquerque, NM 87176	Amount (\$) \$82.81
Purpose of payment (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:
Date 12/07/2006	Payee name T-Mobile Payee address; City; State; Zip Code P.O.Box 37380 Albuquerque, NM 87176	Amount (\$) \$84.05
Purpose of payment (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:
CITY CLERK DEPT. 07 JAN 16 PM 3:08		

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 1/1 Report: 6/6

2 FILER NAME Castro, Melina (Ms.)

3 ACCOUNT #

(Ethics Commission filers)

01111111

4 Date	5 Payee name	8 Amount (\$)
09/19/2006	Grandy's 6 Payee address; City; State; Zip Code 10599 Vista Del Sol El Paso, TX 79925	\$18.58
	7 Purpose of expenditure Council meeting snack	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
10/25/2006	Payee name KFC Payee address; City; State; Zip Code 120 E Pasisano Dr El Paso, TX 79901	\$5.36
	Purpose of expenditure Caramel pies for constituent visit	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
12/06/2006	Payee name Olive Garden Payee address; City; State; Zip Code 740 Sunland Park Dr El Paso, TX 79912	\$9.92
	Purpose of expenditure Work Lunch	<input checked="" type="checkbox"/> Reimbursement from political contributions intended