

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. ..

<input type="checkbox"/> GENERAL	COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> SPECIFIC		COMMITTEE ADDRESS
		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 \$ 75.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 4,205.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$ 2,592.04

4. TOTAL POLITICAL EXPENDITURES \$ 4,777.95

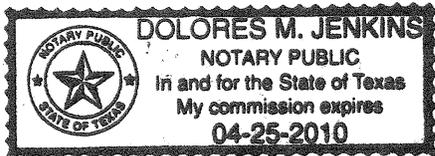
CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 2,739.39

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 3,170.00

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.

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 15th day of January, 2008, 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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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 10/12/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sariana, Luis (Mr.) 6 Contributor address; City; State; Zip Code 10216 Ridgewood El Paso, TX 79925	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 10/12/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Schwartz, Douglas (Mr.) Contributor address; City; State; Zip Code P.O.Box 13611 El Paso, TX 79913	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 11/26/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sorenson, Tina (Mrs.) Contributor address; City; State; Zip Code 1672 Billy Casper El Paso, TX 79936	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 10/12/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Teran, Armida (Mr.) Contributor address; City; State; Zip Code 404 Rose Ln. El Paso, TX 79915	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 11/01/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Welch, Gordon (Mr.) Contributor address; City; State; Zip Code P.O. Box El Paso, TX 79913	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			

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 10/12/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jobe, Stanley (Mr.) 6 Contributor address; City; State; Zip Code P.O. Box 3318 El Paso, TX 79923	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 10/12/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Leeser, Lisa (Mrs.) Contributor address; City; State; Zip Code 7101 N. Mesa El Paso, TX 79912	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 10/12/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Robledo, Rebeca (Mrs.) Contributor address; City; State; Zip Code 3100 E Yandell Dr El Paso, TX 79903	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 11/01/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rosenbaum, Jerry (Mr.) Contributor address; City; State; Zip Code 821 Wingfoote Rd El Paso, TX 79912	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 11/01/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rosenbaum, Marvin (Mr.) Contributor address; City; State; Zip Code P.O Box 1183 El Paso, TX 79947	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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 11/26/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Arroyo, Jorge (Mr.) 6 Contributor address; City; State; Zip Code 748 Camino Norte El Paso, TX 79932	7 Amount of contribution (\$) \$150.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 10/12/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bowling, Gregory (Mr.) Contributor address; City; State; Zip Code 5533 Woodfield Dr El Paso, TX 79932	Amount of contribution (\$) \$480.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 10/12/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gonzalez, Michael (Mr.) Contributor address; City; State; Zip Code 7101 N Mesa El Paso, TX 79912	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 11/26/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hernandez, Hector (Mr.) Contributor address; City; State; Zip Code 12629 El Paso, TX 79938	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 10/12/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Holguin, Eduardo (Mr.) Contributor address; City; State; Zip Code 8528 San Miguel Dr. El Paso, TX 79907	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			

POLITICAL EXPENDITURES**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 08/01/2007	5 Payee name Castro, Melina (Mrs.) 6 Payee address; City; State; Zip Code 9932 Ballistic El Paso, TX 79924	7 Amount (\$) \$300.00
8 Purpose of payment (See instructions regarding type of information required.) To Payback Loan (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 12/05/2007	Payee name Castro, Melina (Mrs.) Payee address; City; State; Zip Code 9932 Ballistic El Paso, TX 79924	Amount (\$) \$250.00
Purpose of payment (See instructions regarding type of information required.) To Payback Loan (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 10/03/2007	Payee name Downtown Post Office Payee address; City; State; Zip Code Downtown Station El Paso, TX 79901	Amount (\$) \$143.50
Purpose of payment (See instructions regarding type of information required.) Postage for fundraiser invitations (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 11/28/2007	Payee name Hobby Lobby Payee address; City; State; Zip Code 7930 N Mesa St El Paso, TX 79932	Amount (\$) \$86.96
Purpose of payment (See instructions regarding type of information required.) Chistmas Decorations for office (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

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 10/11/2007	5 Payee name Mesa Street Grill 6 Payee address; City; State; Zip Code 2525 N Mesa El Paso, TX 79902	7 Amount (\$) \$370.53
8 Purpose of payment (See instructions regarding type of information required.) Fundraiser Appetizers (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 07/09/2007	Payee name Time Warner Communications Payee address; City; State; Zip Code 7010 Airport El Paso, TX 79906	Amount (\$) \$53.45
Purpose of payment (See instructions regarding type of information required.) Internet Service (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 07/09/2007	Payee name T-Mobile Payee address; City; State; Zip Code P.O. Box 660252 Dallas, TX 75266	Amount (\$) \$103.72
Purpose of payment (See instructions regarding type of information required.) Mobile Phone Service (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 08/09/2007	Payee name T-Mobile Payee address; City; State; Zip Code P.O. Box 660252 Dallas, TX 75266	Amount (\$) \$96.30
Purpose of payment (See instructions regarding type of information required.) Mobile Phone Service (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES**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 09/17/2007	5 Payee name T-Mobile 6 Payee address; City; State; Zip Code P.O. Box 660252 Dallas, TX 75266	7 Amount (\$) \$112.65
8 Purpose of payment (See instructions regarding type of information required.) Mobile Phone Service (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 10/10/2007	Payee name T-Mobile Payee address; City; State; Zip Code P.O. Box 660252 Dallas, TX 75266	Amount (\$) \$153.38
Purpose of payment (See instructions regarding type of information required.) Mobile Phone Service (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 12/04/2007	Payee name T-Mobile Payee address; City; State; Zip Code P.O. Box 660252 Dallas, TX 75266	Amount (\$) \$101.00
Purpose of payment (See instructions regarding type of information required.) Mobile Phone Service (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 12/06/2007	Payee name T-Mobile Payee address; City; State; Zip Code P.O. Box 660252 Dallas, TX 75266	Amount (\$) \$180.85
Purpose of payment (See instructions regarding type of information required.) Mobile Phone Service (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES**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 12/28/2007	5 Payee name T-Mobile 6 Payee address; City; State; Zip Code P.O. Box 660252 Dallas, TX 75266	7 Amount (\$) \$147.04
8 Purpose of payment (See instructions regarding type of information required.) Mobile Phone Service (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 09/25/2007	Payee name Wal-Mart Payee address; City; State; Zip Code 4530 Woodrow Bean Transmountain Dr El Paso, TX 79924	Amount (\$) \$57.48
Purpose of payment (See instructions regarding type of information required.) Office Supplies (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** 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 PAGE # Schedule: 1/1 Report: 10/10
2 FILER NAME Castro, Melina (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 11111110
4 Date 10/12/2007	5 Payee name House of Pizza 6 Payee address; City; State; Zip Code 2016 Piedras El Paso, TX 79903 7 Purpose of expenditure (See instructions regarding type of information required.) Lunch with constituent (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	8 Amount (\$) \$22.08 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 09/28/2007	Payee name United States Postal Service Payee address; City; State; Zip Code 2100 George Dieter El Paso, TX 79936 Purpose of expenditure (See instructions regarding type of information required.) Postage for invitations to fundraiser (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$6.97 <input checked="" type="checkbox"/> Reimbursement from political contributions intended