

CANDIDATE / OFFICEHOLDER REPORT: CLERK DEPT.
SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

09 JAN 15 PM 4:59

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

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ 315.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 6,265.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$ 1,217.79

4. TOTAL POLITICAL EXPENDITURES \$ 4,765.44

CONTRIBUTION BALANCE

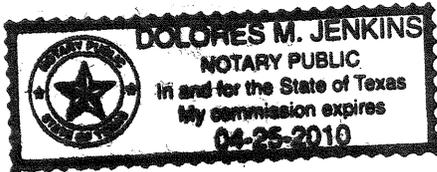
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 5,651.98

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.



Handwritten signature of 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, 20 09, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Print name of officer administering oath: Dolores M Jenkins

Title of officer administering oath: Notary

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

CITY CLERK DEPT.
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SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/5 Report: 4/15	
2 FILER NAME Castro, Melina (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 11111110	
4 Date 12/17/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) BANALES, XAVIER (Mr.) 6 Contributor address; City; State; Zip Code 4520 SHADOW WILLOW EL PASO, TX 79922	7 Amount of contribution (\$) \$75.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
12/17/2008	Bowling, JOANNE (Mrs.) 6705 PEARL RIDGE El Paso, TX 79912	\$250.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
12/17/2008	Bowling, ROBERT Jr. (Mr.) 6705 PEARL RIDGE El Paso, TX 79912	\$250.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
12/17/2008	EL PASO ASSOCIATION OF FIREFIGHTERS 3112 FORNEY DR EL PASO, TX 79935	\$500.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
12/17/2008	EL PASO MUNICIPAL POLICE OFFICERS ASSOCIATION 747 E. SAN ANTONIO, STE 103 EL PASO, TX 79901	\$1,000.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

CITY CLERK DEPT.

SCHEDULE A

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/5 Report: 5/15	
2 FILER NAME Castro, Melina (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 11111110	
4 Date 12/17/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Flores, Rodrigo (Mr.) 6 Contributor address; City; State; Zip Code 402 Brill Circle El Paso, TX 79928	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 12/17/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) GALLARDO, HENRY (Mr.) Contributor address; City; State; Zip Code 4800 OLMOS EL PASO, TX 79922	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 12/17/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Herrera, Rene (Mr.) Contributor address; City; State; Zip Code 415 S MESA HILLS DR APT 1339 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 12/13/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) HUN, SEO (Mr.) Contributor address; City; State; Zip Code 12224 CHISHOLM PASS DR 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 12/17/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jobe, Stanley (Mr.) Contributor address; City; State; Zip Code P.O. Box 3318 El Paso, TX 79923	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

CITY CLERK DEPT.

SCHEDULE A

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 5/5 Report: 7/15	
2 FILER NAME Castro, Melina (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 11111110	
4 Date 12/17/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Torres, Margarita (Mrs.) 6 Contributor address; City; State; Zip Code 3435 Lee Blvd. El Paso, TX 79936	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 12/17/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Torres, Margie (Ms.) Contributor address; City; State; Zip Code 3435 Lee Blvd. El Paso, TX 79936	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 12/31/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Valencia, Eduardo (Mr.) Contributor address; City; State; Zip Code 3609 Alderwod Manor El Paso, TX 79928	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 12/22/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) WOODWARD, LEON (Mr.) Contributor address; City; State; Zip Code 2836 E SHERRAN LN PHOENIX, AZ 85016	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"/>			

POLITICAL EXPENDITURES

CITY CLERK DEPT.

SCHEDULE F

09 JAN 15 PM 4:59

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/4 Report: 8/15
2 FILER NAME Castro, Melina (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 11111110
4 Date 07/16/2008	5 Payee name Castro, Melina (Mrs.) 6 Payee address; City; State; Zip Code 9932 Ballistic El Paso, TX 79924	7 Amount (\$) \$164.64
8 Purpose of payment (See instructions regarding type of information required.) REIMBURSEMENT FROM LAST REPORT (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 12/22/2008	Payee name Castro, Melina (Mrs.) Payee address; City; State; Zip Code 9932 Ballistic El Paso, TX 79924	Amount (\$) \$300.00
Purpose of payment (See instructions regarding type of information required.) Reimbursed amount borrowed for political expenses (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 12/10/2008	Payee name H & H MAILING SERVICE Payee address; City; State; Zip Code 9020 MAYFLOWER EL PASO, TX 79925	Amount (\$) \$77.50
Purpose of payment (See instructions regarding type of information required.) INVITATION MAILING 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 10/07/2008	Payee name Marriot Hotel Payee address; City; State; Zip Code 333 W Harbor Dr San Diego, CA 92101	Amount (\$) \$328.73
Purpose of payment (See instructions regarding type of information required.) Hotel charged the wrong card should have charged city card when reservation was made (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

CITY CLERK DEPT.

SCHEDULE F

09 JAN 15 PM 4:59

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/4 Report: 9/15
2 FILER NAME Castro, Melina (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 11111110
4 Date 10/08/2008	5 Payee name Marriot Hotel 6 Payee address; City; State; Zip Code 333 W Harbor Dr San Diego, CA 92101	7 Amount (\$) \$328.73
8 Purpose of payment (See instructions regarding type of information required.) Hotel charged the wrong card should have charged city card when reservation was made (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 10/08/2008	Payee name Marriot Hotel Payee address; City; State; Zip Code 333 W Harbor Dr San Diego, CA 92101	Amount (\$) \$328.73
Purpose of payment (See instructions regarding type of information required.) Hotel charged the wrong card should have charged city card when reservation was made (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 10/07/2008	Payee name Southwest Airlines Payee address; City; State; Zip Code El Paso International Airport El Paso, TX 79925	Amount (\$) \$125.50
Purpose of payment (See instructions regarding type of information required.) Flight to San Diego charged on wrong card (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 09/12/2008	Payee name Time Warner Communications Payee address; City; State; Zip Code 7010 Airport El Paso, TX 79906	Amount (\$) \$55.20
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:

POLITICAL EXPENDITURES

CITY CLERK DEPT.

SCHEDULE F

09 JAN 15 PM 4:59

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/4 Report: 10/15
2 FILER NAME Castro, Melina (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 11111110
4 Date 07/07/2008	5 Payee name TMOBILE 6 Payee address; City; State; Zip Code PO BOX 660252 DALLAS, TX 75266	7 Amount (\$) \$198.66
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 07/21/2008	Payee name TMOBILE Payee address; City; State; Zip Code PO BOX 660252 DALLAS, TX 75266	Amount (\$) \$181.85
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:
Date 08/08/2008	Payee name TMOBILE Payee address; City; State; Zip Code PO BOX 660252 DALLAS, TX 75266	Amount (\$) \$135.86
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 09/11/2008	Payee name TMOBILE Payee address; City; State; Zip Code PO BOX 660252 DALLAS, TX 75266	Amount (\$) \$107.66
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

CITY CLERK DEPT.

SCHEDULE F

09 JAN 15 PM 4:59

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/4 Report: 11/15
2 FILER NAME Castro, Melina (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 11111110
4 Date 10/23/2008	5 Payee name TMOBILE 6 Payee address; City; State; Zip Code PO BOX 660252 DALLAS, TX 75266	7 Amount (\$) \$114.70
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 11/21/2008	Payee name TMOBILE Payee address; City; State; Zip Code PO BOX 660252 DALLAS, TX 75266	Amount (\$) \$114.70
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 12/10/2008	Payee name TMOBILE Payee address; City; State; Zip Code PO BOX 660252 DALLAS, TX 75266	Amount (\$) \$117.88
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
MADE FROM PERSONAL FUNDS**

CITY CLERK DEPT.
09 JAN 15 PM 4:59

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/2 Report: 12/15
2 FILER NAME Castro, Melina (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 11111110
4 Date 10/14/2008	5 Payee name Albertsons 6 Payee address; City; State; Zip Code 9111 Dyer St. El Paso, TX 79924 7 Purpose of expenditure (See instructions regarding type of information required.) breakfast items for meeting (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	8 Amount (\$) \$15.93 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 12/16/2008	Payee name Allprint Payee address; City; State; Zip Code 7230 El Paso, TX 79915 Purpose of expenditure (See instructions regarding type of information required.) printing (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$21.65 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 12/06/2008	Payee name Best Buy Payee address; City; State; Zip Code 9521 Viscount El Paso, TX 79925 Purpose of expenditure (See instructions regarding type of information required.) office supplies (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$58.43 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 11/26/2008	Payee name Castro, Melina (Mrs.) Payee address; City; State; Zip Code 9932 Ballistic El Paso, TX 79924 Purpose of expenditure (See instructions regarding type of information required.) Borrowed for political expenses (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$300.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 12/08/2008	Payee name Castro, Melina (Mrs.) Payee address; City; State; Zip Code 9932 Ballistic El Paso, TX 79924 Purpose of expenditure (See instructions regarding type of information required.) Borrowed for political expenses (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$) \$300.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

CITY CLERK DEPT.

SCHEDULE G

09 JAN 15 PM 4:59

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/2 Report: 13/15
2 FILER NAME Castro, Melina (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 11111110
4 Date	5 Payee name Chick-fil-a	8 Amount (\$) \$26.52
10/14/2008	6 Payee address; City; State; Zip Code Zaragoza Road El Paso, TX 79936	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
	7 Purpose of expenditure (See instructions regarding type of information required.) Breakfast for meeting (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Date	Payee name Family Dollar Stores	Amount (\$) \$29.02
08/09/2008	Payee address; City; State; Zip Code 9815 Dyer St El Paso, TX 79924	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) game prizes for a community picnic (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Date	Payee name Geogeske	Amount (\$) \$36.39
12/01/2008	Payee address; City; State; Zip Code 2701 N Stanton El Paso, TX 79902	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) Lunch meeting (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Date	Payee name Sams	Amount (\$) \$18.00
12/15/2008	Payee address; City; State; Zip Code 11360 Pelicano El Paso, TX 79936	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) Christmas party (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Date	Payee name Sams	Amount (\$) \$61.37
12/15/2008	Payee address; City; State; Zip Code 11360 Pelicano El Paso, TX 79936	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) fundraiser snacks (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	

CREDITS (optional)

CITY CLERK DEPT.

SCHEDULE K

09 JAN 15 PM 5:00

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 1/1 Report: 14/15

2 FILER NAME Castro, Melina (Mrs.)

3 ACCOUNT # (Ethics Commission filers)
11111110

4 Date

10/20/2008

5 Payor name
City of El Paso through Melina Castro

6 Payor address; City; State; Zip Code
2 Civic Center Plaza
El Paso, TX 79901

8 Amount
(\$)

\$1,111.69

7 Reason for credit
Reimburse for accidental charge on contribution card. As per TX Ethics Legal Dept