



**CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS**

**FORM C/OH  
COVER SHEET PG 2**

**15 C/OH NAME** Melina Castro **16 ACCOUNT # (Ethics Commission Filers)**

**17 NOTICE FROM POLITICAL COMMITTEE(S)**

additional pages

**COMMITTEE TYPE**

GENERAL

SPECIFIC

**COMMITTEE NAME**

**COMMITTEE ADDRESS**

**COMMITTEE CAMPAIGN TREASURER NAME**

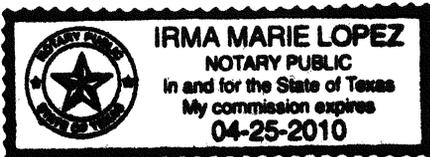
**COMMITTEE CAMPAIGN TREASURER ADDRESS**

\*\* 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. \*\*

<b>18 CONTRIBUTION TOTALS</b>	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)	\$ 1,650.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 1,564.81
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,140.04
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,477.18
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 3,720.00

**19 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: Melina Castro

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Melina Castro, this the 19<sup>th</sup> day of July, 2006, to certify which, witness my hand and seal of office.

Signature of officer administering oath: Irma Marie Lopez Printed name of officer administering oath: Irma Marie Lopez Title of officer administering oath: \_\_\_\_\_

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Castro, Melina

3 ACCOUNT # (Ethics Commission filers)

4 Date

5/10/06

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Marc or Co Schwartz

6 Contributor address; City; State; Zip Code

12251 Eagle Heart Dr.  
El Paso, Tx 79936

7 Amount of contribution (\$)

500.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

1/19/06

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Robert Bowling

Contributor address; City; State; Zip Code

6705 Pearl Ridge  
El Paso, Tx 79912

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/19/06

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Randall Bowling

Contributor address; City; State; Zip Code

4655 Cohen Ave  
El Paso, Tx 79924

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/19/06

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Gregory B. Bowling

Contributor address; City; State; Zip Code

7484 Plaza Redonda  
El Paso, Tx 79912

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/19/06

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Bob Bowling

Contributor address; City; State; Zip Code

P.O. Box 4136  
El Paso, Tx 79914

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>Castro, Melina</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>1/19/06</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Awaiting for copy of check will provide ASAP</i>	7 Amount of contribution (\$) <i>150.00</i>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

(If travel outside of Texas, complete Schedule T)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

(If travel outside of Texas, complete Schedule T)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

(If travel outside of Texas, complete Schedule T)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

(If travel outside of Texas, complete Schedule T)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL EXPENDITURES

# SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

1 of 4

2 FILER NAME

Castro, melina

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

1/9/04

6 Payee address; City; State; Zip Code

252.75

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

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

(If travel outside of Texas, complete Schedule T)

Date

Payee name

Amount (\$)

1/5/04

T-Mobile  
Payee address; City; State; Zip Code

P.O. Box 37380  
Albuquerque, NM. 87176

94.10

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

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

(If travel outside of Texas, complete Schedule T)

Date

Payee name

Amount (\$)

2/14/04

T-Mobile  
Payee address; City; State; Zip Code

P.O. Box 37380  
Albuquerque, NM. 87176

87.28

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

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

(If travel outside of Texas, complete Schedule T)

Date

Payee name

Amount (\$)

3/9/06

T-Mobile  
Payee address; City; State; Zip Code

P.O. Box 37380  
Albuquerque, NM. 87176

157.80

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

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

(If travel outside of Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F: 2 of 4

2 FILER NAME Castro, Melina 3 ACCOUNT # (Ethics Commission filers)

4 Date <u>3/31/06</u>	5 Payee name <u>T-Mobile</u> 6 Payee address; City; State; Zip Code <u>P.O. Box 37380</u> <u>Albuquerque, NM. 87176</u>	7 Amount (\$) <u>97.41</u>
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8 Purpose of payment (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
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Date <u>4/11/06</u>	Payee name <u>T-Mobile</u> Payee address; City; State; Zip Code <u>P.O. Box 37380</u> <u>Albuquerque, NM. 87176</u>	Amount (\$) <u>82.58</u>
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Purpose of payment (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date <u>4/26/06</u>	Payee name <u>J. T. Solutions</u> Payee address; City; State; Zip Code <u>919 B Agua Caliente</u> <u>El Paso Tx 79912</u> <u>(Data Services)</u>	Amount (\$) <u>45.00</u>
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Purpose of payment (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date <u>4/28/06</u>	Payee name <u>Office Depot</u> Payee address; City; State; Zip Code <u>8701 Gateway Blvd. West</u> <u>El Paso, Tx 79925</u>	Amount (\$) <u>60.96</u>
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Purpose of payment (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

# POLITICAL EXPENDITURES

# SCHEDULE F

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F: 3 of 4

2 FILER NAME Castro, Melina 3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	7 Amount (\$)
5/9/06	<p><u>T-Mobile</u></p> <p>6 Payee address; City; State; Zip Code  <u>P.O. Box 37380</u>  <u>Albuquerque, NM. 87176</u></p>	148.84

8 Purpose of payment (See instructions regarding type of information required.) 9 \*\* Complete if direct expenditure to benefit C/OH \*\*

(If travel outside of Texas, complete Schedule T) Candidate / Officeholder name Office sought Office held

Date	Payee name	Amount (\$)
5/17/06	<p><u>Perrys Cleaners</u></p> <p>Payee address; City; State; Zip Code  <u>9408 McCombs</u>  <u>El Paso, TX 79924</u></p>	55.75

Purpose of payment (See instructions regarding type of information required.) \*\* Complete if direct expenditure to benefit C/OH \*\*

(If travel outside of Texas, complete Schedule T) Candidate / Officeholder name Office sought Office held

Date	Payee name	Amount (\$)
6/7/06	<p><u>T-Mobile</u></p> <p>Payee address; City; State; Zip Code  <u>P.O. Box 37380</u>  <u>Albuquerque, NM. 87176</u></p>	124.50

Purpose of payment (See instructions regarding type of information required.) \*\* Complete if direct expenditure to benefit C/OH \*\*

(If travel outside of Texas, complete Schedule T) Candidate / Officeholder name Office sought Office held

Date	Payee name	Amount (\$)
6/23/06	<p><u>U.S. Autoparts</u> <u>vehicle parts - office</u></p> <p>Payee address; City; State; Zip Code <u>holders car</u></p>	75.85

Purpose of payment (See instructions regarding type of information required.) \*\* Complete if direct expenditure to benefit C/OH \*\*

(If travel outside of Texas, complete Schedule T) Candidate / Officeholder name Office sought Office held

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

# POLITICAL EXPENDITURES

## SCHEDULE F

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F: 4 of 4

2 FILER NAME Castro, Melina 3 ACCOUNT # (Ethics Commission filers)

4 Date <u>7/6/06</u>	5 Payee name <u>Wal-Mart</u> (office furniture) 6 Payee address; City; State; Zip Code <u>4530 Woodrow Bean El Paso, TX 79924</u>	7 Amount (\$) <u>140.55</u>
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8 Purpose of payment (See instructions regarding type of information required.) 9 \*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

(If travel outside of Texas, complete Schedule T)

Date <u>7/7/06</u>	Payee name <u>T-Mobile</u> Payee address; City; State; Zip Code <u>P.O. Box 37380 Albuquerque, NM 87176</u>	Amount (\$) <u>121.86</u>
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Purpose of payment (See instructions regarding type of information required.) \*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

(If travel outside of Texas, complete Schedule T)

Date <u>7/19/06</u>	Payee name <u>Melina Castro</u> Payee address; City; State; Zip Code <u>Reimbursement</u>	Amount (\$) <u>153.73</u>
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Purpose of payment (See instructions regarding type of information required.) \*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

(If travel outside of Texas, complete Schedule T)

Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
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Purpose of payment (See instructions regarding type of information required.) \*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

(If travel outside of Texas, complete Schedule T)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

**SCHEDULE G**

The instruction Guide explains how to complete this form.

1 Total pages Schedule G:  
1 of 3

2 FILER NAME

Castro, Melina

3 ACCOUNT # (Ethics Commission filers)

4 Date 2/15/06	5 Payee name Golden Corral	8 Amount (\$) 13.62
	6 Payee address; City; State; Zip Code 4610 Trans Mountain El Paso, Tx 79924	
7 Purpose of expenditure (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)		<input type="checkbox"/> Reimbursement from political contributions intended

Date 2/16/06	Payee name Taco Cabana	Amount (\$) 11.12
	Payee address; City; State; Zip Code 4810 Hondo Pass 79904	
Purpose of expenditure (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)		<input type="checkbox"/> Reimbursement from political contributions intended

Date 2/21/06	Payee name Starro	Amount (\$) 6.48
	Payee address; City; State; Zip Code 6001 Gateway west El Paso, Tx 79925	
Purpose of expenditure (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)		<input type="checkbox"/> Reimbursement from political contributions intended

Date 2/3/06	Payee name Q Food mart	Amount (\$) 2.89
	Payee address; City; State; Zip Code 1820 Alabama El Paso, Tx 79930	
Purpose of expenditure (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)		<input type="checkbox"/> Reimbursement from political contributions intended

Date 3/4/06	Payee name Wal-Mart	Amount (\$) 19.80
	Payee address; City; State; Zip Code 4530 Woodrow Bean El Paso, Tx 79924	
Purpose of expenditure (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)		<input type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

The instruction Guide explains how to complete this form.

1 Total pages Schedule G:

2 of 3

2 FILER NAME

Castro, Melina

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/6/06

5 Payee name

Wal-Mart

6 Payee address; City; State; Zip Code

4530 Woodrow Bean  
El Paso, TX 79924

8 Amount (\$)

16.11

7 Purpose of expenditure (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date

1/27/06

Payee name

Olive Garden

Payee address; City; State; Zip Code

740 Sunland Park  
El Paso, TX 79912

Amount (\$)

30.00

Purpose of expenditure (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date

2/17/06

Payee name

Chicos Tacos

Payee address; City; State; Zip Code

4230 Alameda  
El Paso, TX 79905

Amount (\$)

11.06

Purpose of expenditure (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date

1/4/06

Payee name

Mr. Pollo

Payee address; City; State; Zip Code

9525 Viscount  
El Paso, TX 79925

Amount (\$)

11.89

Purpose of expenditure (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date

3/11/06

Payee name

House of Pizza

Payee address; City; State; Zip Code

2016 Piedras  
El Paso, TX 79930

Amount (\$)

18.62

Purpose of expenditure (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

**SCHEDULE G**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:  
3 of 3

2 FILER NAME

Castro, Melina

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/3/06

5 Payee name

99 cent Discount Store

6 Payee address; City; State; Zip Code

2900 N. Pershing  
El Paso, TX 79903

8 Amount (\$)

5.33

7 Purpose of expenditure (See instructions regarding type of information required.)

Reimbursement from political contributions intended

(If travel outside of Texas, complete Schedule T)

Date

2/2/06

Payee name

Furns 203

Payee address; City; State; Zip Code

119 N. Balboa  
El Paso, TX 79912

Amount (\$)

6.81

Purpose of expenditure (See instructions regarding type of information required.)

Reimbursement from political contributions intended

(If travel outside of Texas, complete Schedule T)

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount (\$)

Reimbursement from political contributions intended

(If travel outside of Texas, complete Schedule T)

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount (\$)

Reimbursement from political contributions intended

(If travel outside of Texas, complete Schedule T)

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount (\$)

Reimbursement from political contributions intended

(If travel outside of Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.  
•• Complete only if "Report Type" on page 1 is marked "Final Report" ••

1 C/OH NAME

2 ACCOUNT # (Ethics Commission filers)

### 3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

\_\_\_\_\_  
Signature of Candidate / Officeholder

### 4 FILER WHO IS NOT AN OFFICEHOLDER

•• Complete A & B below *only* if you are not an officeholder. ••

#### A. CAMPAIGN FUNDS

Check only one:

- I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

#### B. ASSETS

Check only one:

- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

\_\_\_\_\_  
Signature of Candidate

### 5 OFFICEHOLDER

•• Complete this section *only* if you are an officeholder ••

- I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, at the time I cease holding office, I retain assets purchased with political contributions or interest or other income from political contributions.

\_\_\_\_\_  
Signature of Officeholder