

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

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

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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

\$ 400.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 6,400.00

EXPENDITURE TOTALS

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

\$ 1,758.59

4. TOTAL POLITICAL EXPENDITURES

\$ 3,888.09

CONTRIBUTION BALANCE

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

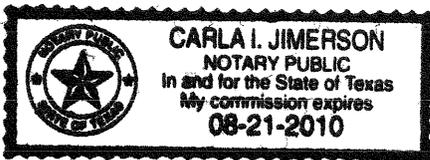
\$ 2,810.25

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 11th day of July, 2007, to certify which, witness my hand and seal of office.

Carla I. Jimerson Carla I. Jimerson 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: 1/3 Report: 3/10	
2 FILER NAME Castro, Melina (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 11111110	
4 Date 01/09/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) BOWLING, BOB (Mr.) 6 Contributor address; City; State; Zip Code P.O. BOX 4136 EL PASO, TX 79914	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 01/16/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) BOWLING, GREGORY (Mr.) Contributor address; City; State; Zip Code 7484 PLAZA REDONDA EL PASO, TX 79912	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 01/19/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) BOWLING, RANDALL (Mr.) Contributor address; City; State; Zip Code 4655 COHEN AVE. EL PASO, TX 79924	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 01/09/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Bowling, Robert (Mr.) Contributor address; City; State; Zip Code 6705 PEARL RIDGE El Paso, TX 79912	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal Occupation / Job-title (See Instructions)		Employer (See Instructions)	
Date 01/26/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) EL PASO MUNICIPAL POLICE OFFICERS ASSOC. Contributor address; City; State; Zip Code 747 E SAN ANTONIO STE 103 EL PASO, TX 79901	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
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: 2/3 Report: 4/10	
2 FILER NAME Castro, Melina (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 11111110	
4 Date 01/26/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) EL PASO SHERIFF'S OFFICERS ASSOC. 6 Contributor address; City; State; Zip Code 747 E SAN ANTONIO NO 103 EL PASO, TX 79901	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 01/09/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) EPPERSON, IRENE (Mrs.) Contributor address; City; State; Zip Code 825 LAKEWAY DR EL PASO, TX 79932	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 01/09/2007	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)	
Date 01/08/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) JONES, LUTHER (Mr.) Contributor address; City; State; Zip Code 1800 N STANTON EL PASO, TX 79902	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 01/08/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) KIM, SOOKHEE Contributor address; City; State; Zip Code 852 AGUA CALIENTE DR. EL PASO, TX 79912	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
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: 3/3 Report: 5/10	
2 FILER NAME Castro, Melina (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 11111110	
4 Date 01/09/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) MASON, VIVIAN (Mrs.) 6 Contributor address; City; State; Zip Code 5616 EAGLE POINT EL PASO, TX 79912	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 01/08/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) RICHARDS, VIRGINIA (Mrs.) Contributor address; City; State; Zip Code P O BOX 137 FAIRACRES, NM 88033	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 01/09/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) TELLEZ, LAURA (Mrs.) Contributor address; City; State; Zip Code 705 LAS GRANJAS DR EL PASO, TX 79932	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 01/26/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) THE EL PASO ASSOCIATION OF FIREFIGHTERS LOCAL 51 Contributor address; City; State; Zip Code 3112 FORNEY DR EL PASO, TX 79935	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/5 Report: 6/10
2 FILER NAME Castro, Melina (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 11111110
4 Date 04/23/2007	5 Payee name Best Buy 6 Payee address; City; State; Zip Code 9521 Viscount El Paso, TX 79925	7 Amount (\$) \$343.12
8 Purpose of payment (See instructions regarding type of information required.) Home office fax, copy, printer		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 05/29/2007	Payee name Lowe's Payee address; City; State; Zip Code 4531 Trans Mountain El Paso, TX 79924	Amount (\$) \$100.68
Purpose of payment (See instructions regarding type of information required.) Home office repair materials		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 04/09/2007	Payee name Parra, Maria (Mrs.) Payee address; City; State; Zip Code 7209 Wilcox Dr. El Paso, TX 79915	Amount (\$) \$160.00
Purpose of payment (See instructions regarding type of information required.) North Easter Parade costumes		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 05/16/2007	Payee name Perry's Cleaners Payee address; City; State; Zip Code 9408 Mc Combs St. El Paso, TX 79924	Amount (\$) \$59.00
Purpose of payment (See instructions regarding type of information required.) Dry cleaning services		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:

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POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/5 Report: 7/10
2 FILER NAME Castro, Melina (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 11111110
4 Date 04/09/2007	5 Payee name Peter Piper Pizza 6 Payee address; City; State; Zip Code 9450 Dyer El Paso, TX 79924	7 Amount (\$) \$88.72
8 Purpose of payment (See instructions regarding type of information required.) Lunch after North East Parade (Kids)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 01/02/2007	Payee name Quality Automotive Payee address; City; State; Zip Code 7437 Alameda Ave El Paso, TX 79915	Amount (\$) \$58.00
Purpose of payment (See instructions regarding type of information required.) work vehicle maintenance		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 06/19/2007	Payee name Texas Roadhouse Payee address; City; State; Zip Code 10729 Gateway Blvd. El Paso, TX 79935	Amount (\$) \$71.17
Purpose of payment (See instructions regarding type of information required.) Meeting Luncheon/Dinner		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 04/10/2007	Payee name Time Warner Payee address; City; State; Zip Code 7010 Airport Rd El Paso, TX 79906	Amount (\$) \$54.05
Purpose of payment (See instructions regarding type of information required.) Internet service		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/5 Report: 8/10
2 FILER NAME Castro, Melina (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 11111110
4 Date 05/02/2007	5 Payee name Time Warner 6 Payee address; City; State; Zip Code 7010 Airport Rd El Paso, TX 79906	7 Amount (\$) \$57.85
8 Purpose of payment (See instructions regarding type of information required.) Internet service		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 06/12/2007	Payee name Time Warner Payee address; City; State; Zip Code 7010 Airport Rd El Paso, TX 79906	Amount (\$) \$57.85
Purpose of payment (See instructions regarding type of information required.) Internet service		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 01/08/2007	Payee name Tmobile Payee address; City; State; Zip Code P.O. Box 660252 Dallas, TX 75266	Amount (\$) \$99.43
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 01/22/2007	Payee name Tmobile Payee address; City; State; Zip Code P.O. Box 660252 Dallas, TX 75266	Amount (\$) \$373.43
Purpose of payment (See instructions regarding type of information required.) New cell phone and service		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/5 Report: 9/10
2 FILER NAME Castro, Melina (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 11111110
4 Date 02/28/2007	5 Payee name Tmobile 6 Payee address; City; State; Zip Code P.O. Box 660252 Dallas, TX 75266	7 Amount (\$) \$81.38
8 Purpose of payment (See instructions regarding type of information required.) Cell phone service		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 03/15/2007	Payee name Tmobile Payee address; City; State; Zip Code P.O. Box 660252 Dallas, TX 75266	Amount (\$) \$135.59
Purpose of payment (See instructions regarding type of information required.) Cell phone service		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 04/12/2007	Payee name Tmobile Payee address; City; State; Zip Code P.O. Box 660252 Dallas, TX 75266	Amount (\$) \$187.90
Purpose of payment (See instructions regarding type of information required.) Cell phone service		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 05/08/2007	Payee name Tmobile Payee address; City; State; Zip Code P.O. Box 660252 Dallas, TX 75266	Amount (\$) \$97.90
Purpose of payment (See instructions regarding type of information required.) Cell phone service		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 5/5 Report: 10/10
2 FILER NAME Castro, Melina (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 11111110
4 Date 06/08/2007	5 Payee name Tmobile 6 Payee address; City; State; Zip Code P.O. Box 660252 Dallas, TX 75266	7 Amount (\$) \$103.43
8 Purpose of payment (See instructions regarding type of information required.) Cell phone service		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:

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