



# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME Castro, Melina (Ms.)

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 \$ 55.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 3,355.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$ 1,818.52

4. TOTAL POLITICAL EXPENDITURES \$ 4,229.91

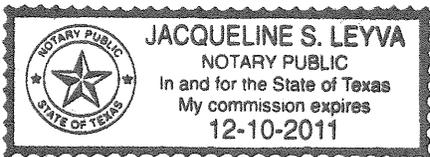
CONTRIBUTION BALANCE

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 17th day of August, 20 08, to certify which, witness my hand and seal of office.

*Jacqueline S. Leyva*  
\_\_\_\_\_  
Signature of officer administering oath

Jacqueline S. Leyva  
Print name of officer administering oath

Notary Public  
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: 2/2 Report: 4/9	
2 FILER NAME Castro, Melina (Ms.)		3 ACCOUNT # (Ethics Commission filers) 11111110	
4 Date  01/02/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mejia, Chris (Mr.)  6 Contributor address; City; State; Zip Code 11355 Lake Ozarks El Paso, TX 79936	7 Amount of contribution (\$)  \$100.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  05/02/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ROSENBAUM, LOUIS (Mr.)  Contributor address; City; State; Zip Code 315 E RIM RD EL PASO, TX 79902	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  06/11/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ROSENBAUM, MARVIN (Mr.)  Contributor address; City; State; Zip Code PO BOX 1183 EL PASO, TX 79947	Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  04/10/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) TERAN, MIGUEL (Mr.)  Contributor address; City; State; Zip Code 404 ROSE LN EL PASO, TX 79907	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  04/10/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) VALENZUELA, JORGE (Mr.)  Contributor address; City; State; Zip Code 233 PENNSYLVANIA EL PASO, TX 79903	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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# POLITICAL EXPENDITURES

# SCHEDULE F

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> PAGE # Schedule: 1/3 Report: 5/9
<b>2</b> FILER NAME Castro, Melina (Ms.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 11111110
<b>4</b> Date  01/10/2008	<b>5</b> Payee name AMERICAN AIRLINES  <b>6</b> Payee address; City; State; Zip Code 2500 VICTORY AVE DALLAS, TX 75219	<b>7</b> Amount (\$)  \$167.80
<b>8</b> Purpose of payment (See instructions regarding type of information required.) AIRLINE NEW JERSEY YEO CONFERENCE  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder Candidate / Officeholder name:  Office sought: Office held:
Date  02/25/2008	Payee name Animal Cruelty Heartline of El Paso  Payee address; City; State; Zip Code 8801 E N. Mesa PMB 345 El Paso, TX 79932	Amount (\$)  \$55.00
Purpose of payment (See instructions regarding type of information required.) Fundraiser  (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  04/17/2008	Payee name CASTRO, MELINA (Ms.)  Payee address; City; State; Zip Code 9932 BALLISTIC EL PASO, TX 79924	Amount (\$)  \$100.00
Purpose of payment (See instructions regarding type of information required.) PAY BACK \$100.00 CONTRIBUTION SINCE ONLY 1 IS ALLOD PER REPORT PERIOD  (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  04/02/2008	Payee name MICROSOFT ONECARE  Payee address; City; State; Zip Code 10750 STONE CANYON EL PASO, TX 75230	Amount (\$)  \$54.07
Purpose of payment (See instructions regarding type of information required.) ANTIVIRUS PROTECTION SOFTWARE FOR HM OFFICE COMPUTER  (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:

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# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> PAGE # Schedule: 2/3 Report: 6/9
<b>2</b> FILER NAME Castro, Melina (Ms.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 11111110
<b>4</b> Date  01/01/2008	<b>5</b> Payee name RAMADA HOTEL ..... <b>6</b> Payee address; City; State; Zip Code  NEWARK, NJ	<b>7</b> Amount (\$)  \$122.11
<b>8</b> Purpose of payment (See instructions regarding type of information required.) HOTEL ACCOMODATION YEO CONFERENCE EXTRA DAY  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder Candidate / Officeholder name:  Office sought: Office held:
Date  01/22/2008	Payee name SONY ..... Payee address; City; State; Zip Code 3939 S INTERSTATE 35 SAN MARCOS, TX 78666	Amount (\$)  \$1,186.84
Purpose of payment (See instructions regarding type of information required.) NEW HM OFFICE COMPUTER  (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  03/12/2008	Payee name TMOBILE ..... Payee address; City; State; Zip Code 2050 TRAWOOD DR EL PASO, TX 79935	Amount (\$)  \$127.92
Purpose of payment (See instructions regarding type of information required.) CELL 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  04/07/2008	Payee name TMOBILE ..... Payee address; City; State; Zip Code 2050 TRAWOOD EL PASO, TX 79935	Amount (\$)  \$129.05
Purpose of payment (See instructions regarding type of information required.) CELL 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:

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# POLITICAL EXPENDITURES

# SCHEDULE F

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1</b> PAGE # Schedule: 3/3 Report: 7/9
<b>2</b> FILER NAME Castro, Melina (Ms.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 11111110
<b>4</b> Date  05/06/2008	<b>5</b> Payee name TMOBILE  <b>6</b> Payee address; City; State; Zip Code 2050 TRAWOOD DR EL PASO, TX 79935	<b>7</b> Amount (\$)  \$143.31
<b>8</b> Purpose of payment (See instructions regarding type of information required.) CELL PHONE SERVICE  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  06/12/2008	Payee name TMOBILE  Payee address; City; State; Zip Code 2050 TRAWOOD DR EL PASO, TX 79935	Amount (\$)  \$135.17
Purpose of payment (See instructions regarding type of information required.) CELL 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  03/03/2008	Payee name UNKNOWN  Payee address; City; State; Zip Code	Amount (\$)  \$57.21
Purpose of payment (See instructions regarding type of information required.) Bank unable to located copy of check  (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:

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

**SCHEDULE C**

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The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> PAGE # Schedule: 1/2 Report: 8/9
<b>2</b> FILER NAME Castro, Melina (Ms.)		<b>3</b> ACCOUNT # (Ethics Commission files) 11111110
<b>4</b> Date	<b>5</b> Payee name ANDALE RESTAURANT	<b>8</b> Amount (\$)
04/09/2008	<b>6</b> Payee address; City; State; Zip Code 9207 GATEWAY WEST EL PASO, TX 79925	\$46.75
	<b>7</b> Purpose of expenditure (See instructions regarding type of information required.) FUNDRAISER APPETIZER FOR BAND  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name DENNY'S	Amount (\$)
04/10/2008	Payee address; City; State; Zip Code 4690 WOODROW BEAN EL PASO, TX 79924	\$8.65
	Purpose of expenditure (See instructions regarding type of information required.) BREAKFAST MEETING  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name GUSSIES	Amount (\$)
04/29/2008	Payee address; City; State; Zip Code 2200 N PIEDRAS EL PASO, TX 79903	\$28.70
	Purpose of expenditure (See instructions regarding type of information required.) LUNCHEON SWEETBREAD  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name GUSSIES	Amount (\$)
04/29/2008	Payee address; City; State; Zip Code 2200 N PIEDRAS EL PASO, TX 79903	\$11.03
	Purpose of expenditure (See instructions regarding type of information required.) LUNCHEON SWEETBREAD  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name HOUSE OF PIZZA	Amount (\$)
01/23/2008	Payee address; City; State; Zip Code 2016 PIEDRAS EL PASO, TX 79903	\$21.65
	Purpose of expenditure (See instructions regarding type of information required.) LUNCH MEETING  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> PAGE # Schedule: 2/2 Report: 9/9
<b>2</b> FILER NAME Castro, Melina (Ms.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 11111110
<b>4</b> Date 05/08/2008	<b>5</b> Payee name HOUSE OF PIZZA <hr/> <b>6</b> Payee address; City; State; Zip Code 2016 PIEDRAS EL PASO, TX 79903	<b>8</b> Amount (\$)  \$16.13
<b>7</b> Purpose of expenditure (See instructions regarding type of information required.) LUNCH MEETING  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

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