



# 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

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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

\$ 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

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 2,378.48

CONTRIBUTION BALANCE

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

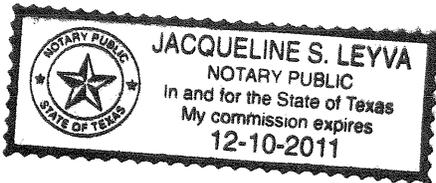
\$ 0.00

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0.00

### 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 15<sup>th</sup> day of July, 20 08, to certify which, witness my hand and seal of office.

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: 1/2 Report: 3/7	
2 FILER NAME Castro, Melina (Ms.)		3 ACCOUNT # (Ethics Commission filers) 11111110	
4 Date  05/02/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ADAME, RAFAEL (Mr.)  6 Contributor address; City; State; Zip Code 764 DAHLIA CT EL PASO, TX 79922	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  05/02/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) BOWLINGIV, RANDALL (Mr.)  Contributor address; City; State; Zip Code 4655 COHEN EL PASO, TX 79924	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  04/10/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) BOWLINGIV, ROBERT (Mr.)  Contributor address; City; State; Zip Code 6705 PEARL RIDGE EL PASO, TX 79912	Amount of contribution (\$)  \$800.00	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  04/10/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) EPMPOA  Contributor address; City; State; Zip Code 747 E SAN ANTONIO STE 103 EL PASO, TX 79901	Amount of contribution (\$)  \$1,000.00	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  04/10/2008	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 (\$)  \$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"/>			

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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: 2/2 Report: 4/7	
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)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date  05/02/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ROSENBAUM, LOUIS (Mr.)  6 Contributor address; City; State; Zip Code 315 E RIM RD EL PASO, TX 79902	7 Amount of contribution (\$)  \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date  06/11/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ROSENBAUM, MARVIN (Mr.)  6 Contributor address; City; State; Zip Code PO BOX 1183 EL PASO, TX 79947	7 Amount of contribution (\$)  \$500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date  04/10/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) TERAN, MIGUEL (Mr.)  6 Contributor address; City; State; Zip Code 404 ROSE LN EL PASO, TX 79907	7 Amount of contribution (\$)  \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date  04/10/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) VALENZUELA, JORGE (Mr.)  6 Contributor address; City; State; Zip Code 233 PENNSYLVANIA EL PASO, TX 79903	7 Amount of contribution (\$)  \$250.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	

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# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> PAGE # Schedule: 1/3 Report: 5/7
<b>2</b> FILER NAME Castro, Melina (Ms.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 11111110
<b>4</b> Date  04/17/2008	<b>5</b> Payee name CASTRO, MELINA (Ms.)  <b>6</b> Payee address; City; State; Zip Code 9932 BALLISTIC EL PASO, TX 79924	<b>7</b> Amount (\$)  \$100.00
<b>8</b> Purpose of payment (See instructions regarding type of information required.) PAY BACK LOAN  (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  04/02/2008	Payee name MICROSOFT ONECARE  Payee address; City; State; Zip Code	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:
Date  01/22/2008	Payee name SONY  Payee address; City; State; Zip Code	Amount (\$)  \$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	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:

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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: 6/7
<b>2</b> FILER NAME Castro, Melina (Ms.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 11111110
<b>4</b> Date  04/07/2008	<b>5</b> Payee name TMOBILE  <b>6</b> Payee address; City; State; Zip Code	<b>7</b> Amount (\$)  \$129.05
<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  05/06/2008	Payee name TMOBILE  Payee address; City; State; Zip Code	Amount (\$)  \$143.31
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  06/12/2008	Payee name TMOBILE  Payee address; City; State; Zip Code	Amount (\$)  \$131.17
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  01/10/2008	Payee name UNKNOWN  Payee address; City; State; Zip Code	Amount (\$)  \$289.91
Purpose of payment (See instructions regarding type of information required.) WAITING ON CHECK COPY FROM BANK  (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: 7/7
<b>2</b> FILER NAME Castro, Melina (Ms.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 11111110
<b>4</b> Date  02/25/2008	<b>5</b> Payee name UNKNOWN  <b>6</b> Payee address; City; State; Zip Code	<b>7</b> Amount (\$)  \$55.00
<b>8</b> Purpose of payment (See instructions regarding type of information required.) WAITING ON CHECK COPY FROM BANK  (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  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.) WAITING ON CHECK COPY FROM BANK  (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  03/05/2008	Payee name UNKNOWN  Payee address; City; State; Zip Code	Amount (\$)  \$50.00
Purpose of payment (See instructions regarding type of information required.) WAITING ON CHECK COPY FROM BANK  (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  03/14/2008	Payee name UNKNOWN  Payee address; City; State; Zip Code	Amount (\$)  \$50.00
Purpose of payment (See instructions regarding type of information required.) WAITING ON CHECK COPY FROM BANK  (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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