

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Files)	2 Total pages filed
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Daniel	MI
	NICKNAME Danny	LAST Castillo	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX 2414 North 13th Street	APT / SUITE #	CITY STATE ZIP CODE Horsingen, Tx. 78550
	AREA CODE (956)	PHONE NUMBER 245-4653	EXTENSION
5 CANDIDATE / OFFICEHOLDER PHONE	MS / MRS / MR Mr.	FIRST Julio	MI C
	NICKNAME Cavazos	LAST	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE) 1602 S. D. Worth Rd.		CITY STATE ZIP CODE Horsingen, Tx. 78552
	AREA CODE (956)	PHONE NUMBER 793-9530	EXTENSION
9 REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff
	<input type="checkbox"/> July 15	<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit
10 PERIOD COVERED	Month Day Year 11 / 16 / 11	THROUGH	Month Day Year 12 / 7 / 11
	11 ELECTION	ELECTION DATE Month Day Year 12 / 16 / 11	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input checked="" type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if any) City Commissioner District 1	

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Danny Castillo

15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE 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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION
TOTALS

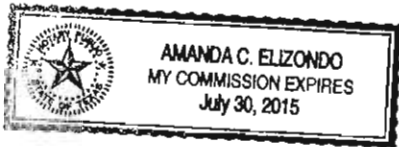
1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>1250.00</i>
3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <i>81.65</i>
4. TOTAL POLITICAL EXPENDITURES	\$ <i>4460.83</i>
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>556.18</i>
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

EXPENDITURE
TOTALS

CONTRIBUTION
BALANCE

OUTSTANDING
LOAN TOTALS

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]

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Danny Castillo*, this the *8th* day of *Dec.*, 20 *11*, to certify which, witness my hand and seal of office.

Amanda C. Elizondo

Signature of officer administering oath

Amanda C. Elizondo

Printed name of officer administering oath

City Secretary

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

Panny Castillo

3 ACCOUNT # (Ethics Commission Filers)

4 Date

11/18/11

5 Full name of contributor out-of-state PAC (IC#)

Ralph Jennings

6 Contributor address; City; State; Zip Code

*3505 Pebble Beach Drive
Hartlingen, TX 78550*

7 Amount of contribution (\$)

100.00

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

11/18/11

Full name of contributor out-of-state PAC (IC#)

Michael M. Murphy

Contributor address; City; State; Zip Code

*1102 Ferguson Drive
Hartlingen, TX 78550*

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/18/11

Full name of contributor out-of-state PAC (IC#)

William Tre Peacock

Contributor address; City; State; Zip Code

*600 Ivenary
Hartlingen, TX 78550*

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/18/11

Full name of contributor out-of-state PAC (IC#)

William T. Peacock

Contributor address; City; State; Zip Code

*P.O. Box 530098
Hartlingen, TX 78553*

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/18/11

Full name of contributor out-of-state PAC (IC#)

Robert G & H. J. Hill

Contributor address; City; State; Zip Code

*1420 Preston Trail
Hartlingen, TX 78552*

Amount of contribution (\$)

100.00

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 SCHEDULE 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

Danny Castillo

3 ACCOUNT # (Ethics Commission Filers)

4 Date

11/18/11

5 Full name of contributor out-of-state PAC (ID#)

James R. Hess

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

6 Contributor address, City, State, Zip Code

*140 S. Nueces Park Ln.
Hartlingen, TX 78552*

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

11/18/11

Full name of contributor out-of-state PAC (ID#)

L. R. Franks & Beverly Franks

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Contributor address, City, State, Zip Code

*509 Lake Dr.
Hartlingen, TX 78550*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/18/11

Full name of contributor out-of-state PAC (ID#)

J. Neil Murphy

Amount of contribution (\$)

200.00

In-kind contribution description (if applicable)

Contributor address, City, State, Zip Code

*P.O. Box 893
San Benito, TX 78586*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/18/11

Full name of contributor out-of-state PAC (ID#)

Jim B. & Liza A. Jones

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

Contributor address, City, State, Zip Code

*2913 Nueces Dr.
Hartlingen, TX 78552*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/18/11

Full name of contributor out-of-state PAC (ID#)

Juan & Raquel Hernandez

Amount of contribution (\$)

200.00

In-kind contribution description (if applicable)

Contributor address, City, State, Zip Code

*26323 Rd.
San Benito, TX 78586*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE 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 *Penny Castillo* 3 ACCOUNT # (Ethics Commission Filers)

4 Date *11/19/11* 5 Full name of contributor out-of-state PAC (ID#) *Pete Moore* 7 Amount of contribution (\$) *100.00* 8 In-kind contribution description (if applicable)

6 Contributor address, City, State, Zip Code *P.O. Box 2729
South Padre Island, TX 78597*

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)

Date *11/23/11* Full name of contributor out-of-state PAC (ID#) *John W. Topp* Amount of contribution (\$) *100.00* In-kind contribution description (if applicable)

Contributor address, City, State, Zip Code *1117 N. Street Place Road
Harlingen, TX 78552*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) In-kind contribution description (if applicable)

Contributor address, City, State, Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) In-kind contribution description (if applicable)

Contributor address, City, State, Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) In-kind contribution description (if applicable)

Contributor address, City, State, Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions) Employer (See Instructions)

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

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME <i>Denny Castillo</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>11/23/11</i>	5 Payee name <i>Topp Marketing</i>
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6 Amount (\$) <i>1565.54</i>	7 Payee address; City; State; Zip Code <i>1117 North Stuart Place Rd Harlingen, TX 78552</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Printing</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Printing Reports (Notes)</i>
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>11/23/11</i>	Payee name <i>Meads Marketing</i>
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Amount (\$) <i>2606.94</i>	Payee address; City; State; Zip Code <i>211 W. Jefferson Suite 7 Harlingen, TX 78550</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising / Printing</i>	Description (If travel outside of Texas, complete Schedule T) <i>Push Cards / Flyers</i>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>12/7/11</i>	Payee name <i>City of Harlingen (Museum)</i>
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Amount (\$) <i>370.00</i>	Payee address; City; State; Zip Code <i>2405 Boxwood Harlingen, TX 78550</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Event</i>	Description (If travel outside of Texas, complete Schedule T) <i>Rental of Hgn. Museum</i>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED