

# 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 Filers)	2 Total pages filed: <b>10</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>MR.</b>	FIRST <b>DANIEL</b>	MI
	NICKNAME <b>"Danny"</b>	LAST <b>CASTILLO</b>	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX: <b>2414 NORTH 13TH STREET</b>	APT / SUITE #:	CITY: <b>HARLINGEN, TEXAS</b> STATE: ZIP CODE: <b>78550</b>
	<div style="border: 1px solid black; padding: 5px; text-align: center;"> OFFICER ONLY  CITY SECRETARY'S OFFICE  Received  MAY 3 2013  all  HARLINGEN, TX </div>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <b>(956)</b>	PHONE NUMBER <b>245-4653</b>	EXTENSION
	Receipt #      Amount Date Processed Date Imaged		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <b>MR.</b>	FIRST <b>MARK</b>	MI <b>ANTHONY</b>
	NICKNAME	LAST <b>MOLINA</b>	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE): <b>1821 TREASURE OAKS DRIVE</b>	APT / SUITE #:	CITY: <b>HARLINGEN, TEXAS</b> STATE: ZIP CODE: <b>78550</b>
	AREA CODE <b>(956)</b>	PHONE NUMBER <b>238-0089</b>	EXTENSION
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month      Day      Year      THROUGH      Month      Day      Year <b>04 / 02 / 13</b> <b>05 / 01 / 13</b>		
11 ELECTION	ELECTION DATE Month      Day      Year <b>05 / 11 / 13</b>		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
	12 OFFICE OFFICE HELD (if any) <b>HARLINGEN CITY COMMISSIONER DISTRICT 1</b>		13 OFFICE SOUGHT (if known) <b>HARLINGEN CITY COMMISSIONER DISTRICT 1</b>

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

**14 C/OH NAME** DANIEL CASTILLO **15 ACCOUNT # (Ethics Commission Filers)**

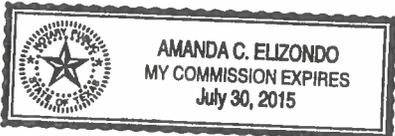
**16 NOTICE FROM POLITICAL COMMITTEE(S)**

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.

<input type="checkbox"/> additional pages	<b>COMMITTEE TYPE</b> <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	<b>COMMITTEE NAME</b>  <b>COMMITTEE ADDRESS</b>  <b>COMMITTEE CAMPAIGN TREASURER NAME</b>  <b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>
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<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,450. <sup>00</sup>
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,885.95
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,547.94
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

**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 Danny Castillo, this the 3<sup>rd</sup> day of May, 20 13, to certify which, witness my hand and seal of office.

  
 Signature of officer administering oath

Amanda C. Elizondo  
 Printed name of officer administering oath

City Secy  
 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: <b>6</b>	
2 FILER NAME <b>DANIEL CASTILLO</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>4/04/13</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>PAT KORNEGAY</b>	7 Amount of contribution (\$) <b>\$500.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>28315 NORMA LINDA ROAD SAN BENITO, TEXAS 78586</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>4/04/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>VICTOR VILLAGREAL</b>	Amount of contribution (\$) <b>\$150.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>16156 WESTON WAY HARLINGEN, TEXAS 78552</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>04/04/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>TOM/ELAINE LOCKHART</b>	Amount of contribution (\$) <b>\$100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>3110 LEON CR. HARLINGEN, TEXAS 78550</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>4/04/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>HARRY/VICKI LEGGETT</b>	Amount of contribution (\$) <b>\$100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>PO BOX 530747 HARLINGEN, TEXAS 78553</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>4/04/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DAVID ALEX</b>	Amount of contribution (\$) <b>\$100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>P.O. BOX 531180 HARLINGEN, TEXAS 78553</b>		(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: <b>6</b>	
2 FILER NAME <b>DANIEL CASTILLO</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>4/04/13</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>HENRY ROBERTS</b>	7 Amount of contribution (\$) <b>\$ 200.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>2801 PINE VALLEY HARLINGEN, TEXAS 78550</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>4/04/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MICHAEL SCARIEF</b>	Amount of contribution (\$) <b>\$ 200.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>P.O. BOX 1064 SAN BENITO, TEXAS 78586</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>4/04/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>LINEBARGER GOGGAN BLAIR &amp; SAMSON LLP.</b>	Amount of contribution (\$) <b>\$ 500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>P.O. BOX 17428 AUSTIN, TEXAS 78760</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>4/04/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>RAMIRO GONZALEZ</b>	Amount of contribution (\$) <b>\$ 500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>25913 FM 510 SAN BENITO, TEXAS 78586</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>4/04/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JACOB BOGGUS</b>	Amount of contribution (\$) <b>\$ 100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1712 KARIS CT. HARLINGEN, TEXAS 78550</b>		(If travel outside of Texas, complete Schedule T)	
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 Total pages Schedule A: <b>6</b>	
2 FILER NAME <b>DANIEL CASTILLO</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>4/10/13</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MARCUS/WSA PHIPPS</b>	7 Amount of contribution (\$) <b>\$ 75.<sup>00</sup></b>	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code <b>1620 S. PALOMA LN. HARLINGEN, TEXAS 78552</b>		
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>4/10/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DAVID/SARA AGUILAR</b>	Amount of contribution (\$) <b>\$ 150.<sup>00</sup></b>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <b>1406 SUMMER CT. HARLINGEN, TEXAS 78550-3506</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>4/10/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>FLOYD ENGELING</b>	Amount of contribution (\$) <b>\$ 100.<sup>00</sup></b>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <b>1136 FAIRWAY HARLINGEN, TEXAS 78552</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>4/10/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MARY/LEONARD SIMMONS</b>	Amount of contribution (\$) <b>\$ 100.<sup>00</sup></b>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <b>19513 SIMMONS RD. SAN BENITO, TEXAS 78586</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>4/12/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JUAN/RACHEL HERNANDEZ</b>	Amount of contribution (\$) <b>\$ 300.<sup>00</sup></b>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <b>26323 RD. 3402 SAN BENITO, TEXAS 78586</b>		
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 Total pages Schedule A: **6**

2 FILER NAME **DANIEL CASTILLO** 3 ACCOUNT # (Ethics Commission Filers)

4 Date <b>4/10/13</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>KEVIN CAMPBELL</b>	7 Amount of contribution (\$) <b>\$100.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>1210 E. TYLER HARLINGEN, TEXAS 78550</b>		(If travel outside of Texas, complete Schedule T)	

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

Date <b>4/10/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SCOT CAMPBELL</b>	Amount of contribution (\$) <b>\$100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1210 E. TYLER HARLINGEN, TEXAS 78550</b>		(If travel outside of Texas, complete Schedule T)	

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

Date <b>4/22/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JAY/ELENA MEADE</b>	Amount of contribution (\$) <b>\$100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>427 WOODLAND HARLINGEN, TEXAS 78550</b>		(If travel outside of Texas, complete Schedule T)	

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

Date <b>4/22/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SCOTT CLARK/EVA MARIE ANGER</b>	Amount of contribution (\$) <b>\$100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>2506 LAZY LAKE DR. HARLINGEN, TEXAS 78550</b>		(If travel outside of Texas, complete Schedule T)	

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

Date <b>4/22/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>STEVE/CINDY ROBINSON</b>	Amount of contribution (\$) <b>\$100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>117 WILLOWOOD HARLINGEN, TEXAS 78550</b>		(If travel outside of Texas, complete Schedule T)	

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 Total pages Schedule A: <b>6</b>	
2 FILER NAME <b>DANIEL CASTILLO</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>4/22/13</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>LT / FRANCIS KEIM</b>	7 Amount of contribution (\$) <b>\$ 100.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>1327 E. WASHINGTON BOX 109 HARLINGEN, TEXAS 78550</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>4/22/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>FRANK BOGGUS</b>	Amount of contribution (\$) <b>\$ 500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>P.O. BOX 1111 HARLINGEN, TEXAS 78551</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>4/22/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ROBERT ARCHER</b>	Amount of contribution (\$) <b>\$ 100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>202 E. FLYNN HARLINGEN, TEXAS 78550</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>4/22/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>GEORGE MERRILL</b>	Amount of contribution (\$) <b>\$ 100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1773 APPLE CT. HARLINGEN, TEXAS 78550</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>5/21/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>TX ASSOCIATION OF REALTORS / PAC</b>	Amount of contribution (\$) <b>\$ 500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>P.O. BOX 2246 AUSTIN, TEXAS 78768-2246</b>		(If travel outside of Texas, complete Schedule T)	
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 Total pages Schedule A: <b>6</b>	
2 FILER NAME <b>DANIEL CASTILLO</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>5/01/13</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MATT GORGES</b>	7 Amount of contribution (\$) <b>\$ 250.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>1275 STUART PLACE ROAD HARLINGEN, TEXAS 78552-4290</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>5/01/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JOE CARDENAS</b>	Amount of contribution (\$) <b>\$ 100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>3009 N. AGUSTA NATIONAL DR. HARLINGEN, TEXAS 78550</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>4/24/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JOHN W. TOPP</b>	Amount of contribution (\$)	In-kind contribution description (if applicable) <b>\$ 125.00 Direct Mail Process- Service</b>
Contributor address; City; State; Zip Code <b>701 PALM VALLEY DRIVE WEST HARLINGEN, TEXAS 78552-9039</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> 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 <input type="checkbox"/> 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.

<b>1</b> Total pages Schedule F: 2	<b>2</b> FILER NAME DANIEL CASTILLO	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 4/12/13	<b>5</b> Payee name MEADE MARKETING
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<b>6</b> Amount (\$) \$ 1626.84	<b>7</b> Payee address; City; State; Zip Code 211 WEST JEFFERSON HARLINGEN, TEXAS 78550
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T) DESIGN & PRODUCTION: YARD SIGNS, PUSH CARDS, BUTTONS
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/19/13	Payee name MEADE MARKETING
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Amount (\$) \$ 924.75	Payee address; City; State; Zip Code 211 WEST JEFFERSON HARLINGEN, TEXAS 78550
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	Description (If travel outside of Texas, complete Schedule T) NEWSPAPER ADS PRODUCTION & DESIGN
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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 4/19/13	Payee name DANIEL CASTILLO
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Amount (\$) \$ 300.00	Payee address; City; State; Zip Code 2414 NORTH 13TH HARLINGEN, TEXAS 78550
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) LOAN REIMBURSEMENT	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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Date 4/23/13	Payee name AUTO ZONE
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Amount (\$) \$ 17.84	Payee address; City; State; Zip Code 1006 NORTH BUSINESS 77 HARLINGEN, TEXAS 78550
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) TRANSPORTATION EQUIPMENT	Description (If travel outside of Texas, complete Schedule T) TRAILER HITCH BALL / PIN
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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

# 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.

<b>1</b> Total pages Schedule F: <b>2</b>	<b>2</b> FILER NAME <b>DANIEL CASTILLO</b>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date <b>4/24/13</b>	<b>5</b> Payee name <b>TOPP DIRECT MARKETING</b>	
<b>6</b> Amount (\$) <b>\$1983.24</b>	<b>7</b> Payee address; City; State; Zip Code <b>701 PALM VALLEY DRIVE WEST HARLINGEN, TEXAS 78552-9039</b>	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a) Category</b> (See categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <b>DIRECT MAIL-DATA PROCESSING AND POSTAGE SERVICES</b>
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held
<b>Date</b> <b>4/24/13</b>	<b>Payee name</b> <b>HOME DEPOT</b>	
<b>Amount (\$)</b> <b>\$22.38</b>	<b>Payee address; City; State; Zip Code</b> <b>4710 SOUTH EXP. 83 HARLINGEN, TEXAS 78550</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	<b>Description</b> (If travel outside of Texas, complete Schedule T) <b>NAILS, ZIP-TIES FOR SIGNS</b>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held
<b>Date</b> <b>4/30/13</b>	<b>Payee name</b> <b>HEB</b>	
<b>Amount (\$)</b> <b>\$10.90</b>	<b>Payee address; City; State; Zip Code</b> <b>1103 MORGAN BLVD. HARLINGEN, TEXAS</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) <b>FOOD/BEVERAGE EXPENSE</b>	<b>Description</b> (If travel outside of Texas, complete Schedule T) <b>WATER/SNACKS FOR POOLING PLACE VOLUNTEERS</b>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held
<b>Date</b>	<b>Payee name</b>	
<b>Amount (\$)</b>	<b>Payee address; City; State; Zip Code</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule)	<b>Description</b> (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED