

**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: 8
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 HARLINGEN, TEXAS 78550
	AREA CODE (956)	PHONE NUMBER 245-4653	EXTENSION
5 CANDIDATE / OFFICEHOLDER PHONE	MS / MRS / MR MR.	FIRST MARK	MI ANTHONY
6 CAMPAIGN TREASURER NAME	NICKNAME MOLINA	LAST	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE # CITY STATE ZIP CODE 1821 TREASURE OAKS DRIVE HARLINGEN, TEXAS 78550		
	AREA CODE (956)	PHONE NUMBER 238-0089	EXTENSION
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 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 01 30 13 04 01 13		
11 ELECTION	ELECTION DATE Month Day Year 05 11 13		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) HARLINGEN CITY COMMISSIONER DISTRICT 1		13 OFFICE SOUGHT (if known) HARLINGEN CITY COMMISSIONER DISTRICT 1

OFFICE USE ONLY

Date Received

CITY SECRETARY'S OFFICE
Received
APR 11 2013

Date Hand-delivered or Postmarked
APR 11 11:50 a.m.

Receipt # **HARLINGEN, TX** Amount

Date Processed

Date Imaged

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.

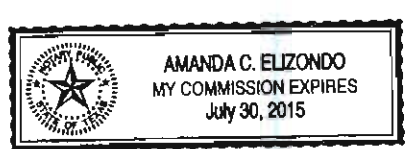
<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1.	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,550.00
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 90.24
	4.	TOTAL POLITICAL EXPENDITURES	\$ 2,831.35
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,108.89
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 300.00

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 Daniel (Danny) Castillo, this the 11th day of April, 20 13, to certify which, witness my hand and seal of office.

Amanda C. Elizondo Amanda C. Elizondo City Secretary
Signature of officer administering oath Printed 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 Total pages Schedule A: 4	
2 FILER NAME DANIEL CASTILLO		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 2/20/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) JULIE UHLHORN ALLEN	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 2601 S. 77 SUNSHINE STRIP HARLINGEN, TEXAS 78550		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 2/20/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) TUDOR/HELEN UHLHORN	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2601 S. 77 SUNSHINE STRIP HARLINGEN, TEXAS 78550		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/20/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MARTHA S. UHLHORN	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2601 S. HWY 77 HARLINGEN, TEXAS 78550		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/20/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) BLAS CANTU	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1408 FINE COURT HARLINGEN, TEXAS 78550		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/20/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) CURTIS BONNER	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. BOX 288 HARLINGEN, TX 78551-0288		(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: 4	
2 FILER NAME DANIEL CASTILLO		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 2/20/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: NORBERT/RUTHIE EWERS	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code 138 PALM VALLEY DR. WEST HARLINGEN, TEXAS 78552	(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 3/13/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: J.G./NORMA LEAL	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 2726 CLIFFORD DR. HARLINGEN, TEXAS 78550	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/13/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JO RAE WAGNER	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 3010 PINEHURST HARLINGEN, TEXAS 78550	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/13/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ISRAEL CRUZ	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 1725 CHRISTIAN CR. HARLINGEN, TEXAS	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/13/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DENNIS/LORRAINE WOOLAM	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code P.O. BOX 2346 HARLINGEN, TEXAS 78551	(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: <u>4</u>	
2 FILER NAME DANIEL CASTILLO		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3/13/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) BRENDAN HALL	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1806 LAUREL DRIVE HARLINGEN, TEXAS 78550		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 3/13/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ROBERT FARRIS	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. BOX 1870 HARLINGEN, TEXAS 78551-1870		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/18/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) LARRY/NICKI GALBREATH	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1408 MAGNOLIA CT. HARLINGEN, TEXAS 78550		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/18/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) DEBBIE ELIZARDE	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. BOX 2934 HARLINGEN, TEXAS 78551-2934		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/18/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) RICARDO LEAL	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5410 CATLIN CT. HARLINGEN, TEXAS 78552		(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: **4**

2 FILER NAME: **DANIEL CASTILLO**

3 ACCOUNT # (Ethics Commission Filers):

4 Date: **3/18/13**

5 Full name of contributor out-of-state PAC (ID#): **BOB/DONNA SWINNEA**

7 Amount of contribution (\$): **\$ 50.00**

8 In-kind contribution description (if applicable):

6 Contributor address: City, State, Zip Code
**37797 MARSHALL HTS RD.
RIO HONDO, TEXAS 78583**

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions):

10 Employer (See Instructions):

Date: **3/18/13**

Full name of contributor out-of-state PAC (ID#): **CONNIE DE LA GARZA**

Amount of contribution (\$): **\$ 200.00**

In-kind contribution description (if applicable):

Contributor address: City, State, Zip Code
**503 E. HARRISON
HARLINGEN, TEXAS 78550**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date: **3/18/13**

Full name of contributor out-of-state PAC (ID#): **FRANK BOGGUS**

Amount of contribution (\$): **\$ 50.00**

In-kind contribution description (if applicable):

Contributor address: City, State, Zip Code
**P.O. BOX 1111
HARLINGEN, TEXAS 78551**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date: **3/18/13**

Full name of contributor out-of-state PAC (ID#): **MANUEL/JUANITA CASTILLO**

Amount of contribution (\$): **\$ 50.00**

In-kind contribution description (if applicable):

Contributor address: City, State, Zip Code
**2214 EAST JACKSON
HARLINGEN, TEXAS 78550**

(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.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 1
2 FILER NAME DANIEL CASTILLO		3 ACCOUNT # (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨		\$
5 Date of loan 2/27/13	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) DANIEL CASTILLO	9 Loan Amount (\$) \$ 300.00
6 Is lender a financial Institution? Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	8 Lender address; City; State; Zip Code 2414 NORTH 13TH STREET HARLINGEN, TEXAS 78550	10 Interest rate N/A
		11 Maturity date N/A
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____)	Loan Amount (\$)
Is lender a financial Institution? Y <input type="checkbox"/> N <input type="checkbox"/>	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account <input type="checkbox"/>
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If lender 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: <u>1</u>	2 FILER NAME <u>DANIEL CASTILLO</u>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <u>2/21/13</u>	5 Payee name <u>MEADE MARKETING</u>	
6 Amount (\$) <u>\$ 1637.16</u>	7 Payee address; City; State; Zip Code <u>211 WEST JEFFERSON HARLINGEN, TEXAS 78550</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <u>ADVERTISING EXPENSE</u>	
	(b) Description (If travel outside of Texas, complete Schedule T) <u>PRODUCTION, DESIGN AND PRINT OF POLITICAL SIGNS & PUSH CARDS</u>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held
Date <u>3/13/13</u>	Payee name <u>TRACTOR SUPPLY COMPANY</u>	
Amount (\$) <u>\$ 32.46</u>	Payee address; City; State; Zip Code <u>901 FM 509 SAN BENITO, TEXAS 78586</u>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <u>ADVERTISING EXPENSE</u>	
	Description (If travel outside of Texas, complete Schedule T) <u>POST DRIVER</u>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held
Date <u>3/18/13</u>	Payee name <u>McCoy's Building Supply</u>	
Amount (\$) <u>\$ 27.59</u>	Payee address; City; State; Zip Code <u>3601 WEST EXPRESSWAY 83 HARLINGEN, TEXAS 78552-0092</u>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <u>ADVERTISING EXPENSE</u>	
	Description (If travel outside of Texas, complete Schedule T) <u>WOOD STAKES FOR SIGNS</u>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held
Date <u>3/13/13</u>	Payee name <u>MEADE MARKETING</u>	
Amount (\$) <u>\$ 1,043.90</u>	Payee address; City; State; Zip Code <u>211 WEST JEFFERSON HARLINGEN, TEXAS 78550</u>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <u>ADVERTISING EXPENSE</u>	
	Description (If travel outside of Texas, complete Schedule T) <u>POLITICAL SIGNS, PUSH CARDS, & WOODEN STAKES</u>	
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