CANDIDAT CAMPAIGI	FORM C/OH COVER SHEET PG 1		
The C/OH Instruction G	uide explains how to complete this form.	hics Commission Filers) 2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	MR. BENJAMIN	OFFICE USE ONLY	
NAME	NICKNAME LAST CASTILLU	SUFFIX Date Received WESLACO ISD	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STA	DCVD 01/1E/202E	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXT (950) 373 · 1599	TENSION Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER	MS/MRS/MR BENJAMIN	Receipt # Amount \$	
NAME	NICKNAME LAST  BON CASTLUO	SUFFIX Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;	STATE: ZIP CODE	
(Residence or Business)			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXT (956) 373 · 1599	TENSION	
9 REPORT TYPE	January 15 30th day before election	Runoff  15th day after campaign treasurer appointment (Officeholder Only)  Exceeded Modified  Final Report (Attach C/OH - FR)	
	July 15 8th day before election	Reporting Limit Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	07 / 01 / 2024 THROUGH	Month Day Year 12 / 31 / 2024	
11 ELECTION	ELECTION DATE  Month Day Year Primary Runoff	ELECTION TYPE  Other Description	
12 OFFICE	WESUACO ISDISCHOOL BOARD, PL5	FICE SOUGHT (if known)	
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN M CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS	MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR	
COMMITTEE(S)	COMMITTEE TYPE   COMMITTEE NAME		
Additional Pages	GENERAL COMMITTEE ADDRESS		
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME		
	COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
GO TO PAGE 2			

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

15 C/OH NAME	BENJAMIN CASTILLO	16 Filer ID (Ethics Commission Filers)	
17 CONTRIBUTION TOTALS	<ol> <li>TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</li> </ol>	\$ Ø	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 37,546=	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ Ø	
	4. TOTAL POLITICAL EXPENDITURES	\$ 40,034=	
CONTRIBUTION BALANCE	<ol> <li>TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD</li> </ol>	TDAY \$ 131562=	
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	* THE \$	
18 SIGNATURE  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  Please complete either option below:			
(1) Affidavit			
Sworn to and subscribed	before me by this the	day of,	
	which, witness my hand and seal of office.	, day of,	
Signature of officer administe	ring oath Printed name of officer administering oath	Title of officer administering oath	
	OR		
(2) Unsworn Declarati			
My name is 900	AMUN CASTLUD, and my date of birth is, WEXUACO	<u> </u>	
Executed in HDAU	(street) (city) (s	tate) (zip code) (country)  WAYU , 20 25 (year)	
	Signature of Candid	late/Officeholder (Declarant)	

### **SUBTOTALS - C/OH**

### FORM C/OH COVER SHEET PG 3

			JIILLI I O O
19 FILE	BENJAMIN CASTILLO	20 Filer ID (Ethics Co	mmission Filers)
	EDULE SUBTOTALS E OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 37,546=
2. [	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. [	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. [	SCHEDULE E: LOANS		\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$ 40,034
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			\$
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$		
9.	9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS \$		
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL C	ONTRIBUTIONS	s 60=
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	TIONS RETURNED	\$

### **MONETARY POLITICAL CONTRIBUTIONS**

#### SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME BENJAMIN CASTILLO	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#:)  08 08 2024 David Let Fueres Campaign	7 Amount of contribution (\$)
6 Contributor address; City; State; Zip Code	\$1,000=
3619 South Border Ave. Westaco, Tx 78594	
8 Principal occupation / Job title (See Instructions)  9 Employer (See Instructions)  Hiduga Com	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
OB 108/2004 Contributor address; City; State; Zip Code 426 W. Cuffery Ave. Phys. Tx. 78577	\$7,000 =
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Hulm, Dunna	, a
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
MINITURY Offenion, Demorature Castillo Contributor address; City; State; Zip Code	818,546=
426 W. Ceffery Ave. Pharr. Tx 78577	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Hulin, Dem	tions)  Math - Cash No
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
1105/7049 Offanton Demendent + Cash 10 Contributor address; City; State; Zip Code	90 21.000 =
424 W. Caffery Ave. Phyr. 79- 78577	
Principal occupation 7 Job title (See Instructions)  Employer (See Instructions)  Hallm, Dan	my Costillo

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

#### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District
Other (entral extension not listed above)

Credit Card Payment	The Instruction Guide explains how to c	complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME BENJAMUN CAS	TILLO	3 Filer ID (Ethics Commission Filers)
4 Date 01/22/2024	5 Davida name 0	Foundation	L
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
#1,000=	401 S. Kansas	Westaco,	Texas 78594
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	District of backgacks
PURPOSE OF EXPENDITURE	Donatim Made lon Candidati	Donation tor	purchase of backpacks
	(c) Check if travel outside of Texas. Complete Schedule T.		in, TX, officeholder living expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name  CASHILO	Office sought	WISD BOULD, PL5
Date	Payee name		
07/22/2024	Cynthia Gutiera	leZ	
Amount (\$)	Payee address;	City;	State; Zip Code
\$2,500=			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Contributions	Contribut	him to campaign
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name  Ben yurun Cushillo	Office sought	MSD Board PL5
Date	Payee name		
07/30/2024	Victoria Cantu Camp	aign	
Amount (\$)	Payee address;	City;	State; Zip Code
#2,000	1713 Diamond Ave.	Penitas	1 Texas 78574.
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	contributions	Contributi	ion to Campaign
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	Benjamin Cashild		Wish Brand 123
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

	The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME BENDAMUN CAST	3 Filer ID (Ethics Commission File	rs)	
4 Date 07/30/2024	5 Payee name David De los Rios	s Campaign		
6 Amount (\$)	7 Payee address;	City; State; Zip Code		
\$2.500=	821 South Valley View 1	Rd. Donna, TX 78537		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Contributions	Campaign Contribution		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name  Bun umm Cashlo	Office sought Office held	15	
Date	Payee name			
08/08/2024	Future Texas			
Amount (\$)	Payee address;	City; State; Zip Code		
\$ 5,000 =	1317 Orange Blossom	Westaes, Texas 78596.		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	Contributions	PAC Contribution		
EXPENDITURE	0000			
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH	Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name		5	
Complete ONLY if direct expenditure to benefit C/OH	Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name	Check if Austin, TX, officeholder living expense  Office sought  Office held	5	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name  Cashlo  Cashlo	Check if Austin, TX, officeholder living expense  Office sought  Office held	5	
Complete ONLY if direct expenditure to benefit C/OH  Date  ONLT (2004)  Amount (\$)	Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name  Bersum Cashilo  Payee name  Mayuus Bakuu  Payee address;	Check if Austin, TX, officeholder living expense  Office sought  Office held  WISD Burnet P	5	
Complete ONLY if direct expenditure to benefit C/OH  Date  ONLT   2004	Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name  Bensum Cashilo  Payee name  Mauris Bakum	Check if Austin, TX, officeholder living expense  Office sought  Office held  WISD Burnet P		
Complete ONLY if direct expenditure to benefit C/OH  Date  ONLT (2004)  Amount (\$)	Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name  Bersum Cashilo  Payee name  Mayuus Bakuu  Payee address;	Check if Austin, TX, officeholder living expense  Office sought  Office held  WISD BUTURE P)  City; State; Zip Code  Wexam Texas 78594.  Description		
Complete ONLY if direct expenditure to benefit C/OH  Date  ONLT (2004)  Amount (\$)	Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name  Bensum Cashilo  Payee name  Mayurs Bakum  Payee address;  201 S. Texas Blva.	Check if Austin, TX, officeholder living expense  Office sought  Office held  WISD BUTURD P)  City: State; Zip Code  Wexaco   Texas 78594.		
Complete ONLY if direct expenditure to benefit C/OH  Date  O811512004  Amount (\$)  \$12,499 =  PURPOSE OF	Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name  Bensum Cashilo  Payee name  Mayurus Bakum  Payee address;  201 S. Texas Blvd.  Category (See Categories listed at the top of this schedule)	Check if Austin, TX, officeholder living expense  Office sought  Office held  WISD BUTURE P)  City; State; Zip Code  Wexam Texas 78594.  Description		
Complete ONLY if direct expenditure to benefit C/OH  Date  O811512004  Amount (\$)  \$12,499 =  PURPOSE OF	Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name  Behsum Cashlo  Payee name  Mayurs Bakury  Payee address;  201 S. Texas Blva.  Category (See Categories listed at the top of this schedule)  Giffs  Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name	Check if Austin, TX, officeholder living expense  Office sought  Office held  WISD BUTURD P)  City; State; Zip Code  Wexhaw   Texas 78594.  Description  District wide  Appreciation Giff (Sweet breed)	ad)	

### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME BENJAMIN CASTILLO  3 Filer ID (Ethics Commission Filers)			
4 Date 08 [26 [2014	5 Payee name JJ Yhura Cam	paign		
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
#3,546=	15100 N. FM 88	Westaco,	Texas	78599
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	contributions	Cempa	lam Control	uliM
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living e	xpense
<b>9</b> Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name  BUMM CASHW	Office sought	WSD B	office held PLS
Date	Payee name		-	
10/04/2024	Lachary Zamora			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$2,500	1501 San Telipe Dr.	Mi 551	m, Tx	78572
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Contributions	Campai	in Contrib	utim
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living ex	kpense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name  Benjumin Cashillo	Office sought	2 2	Brand PL5
1010412024	Cyntma Gutierrez	•		
Amount (\$)	Payee address;	City;	State;	Zip Code
#2,500	400 W. 12th St. S	an Juan	TYXAS	78589
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Contributions	Campaio	m Contribu	dim
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living ex	pense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name  Panyamin Cashlo	Office sought	S 1 .	Office held Board PLS
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

### SCHEDULE F1

	EXPENDITURE CATEGOR	RIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Off Food/Beverage Expense Pri Gift/Awards/Memorials Expense Pri	an Repayment/Reimbursement ice Overhead/Rental Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above)	
Ordan Care i ayrıldır.	The Instruction Guide explains ho	w to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME BENJAMIN C	3 Filer ID (Ethics Commission Filers)	
4 Date 10 107 12014	5 Payee name SWOU MW	thinez	
6 Amount (\$)	7 Payee address;	City; State; Zip Code	
\$1,000-	PO BOX 3971	Edcorup, TX 78538	
8	(a) Category (See Categories listed at the top of this sched	dule) (b) Description	
PURPOSE OF EXPENDITURE	Contributions	Campaigni Contributions	
	(c) Check if travel outside of Texas. Complete Schedu	leT. Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought WISD Board PL5	
Date	Payee name		
10/14/2024	Albert Segura		
Amount (\$)	Payee address;	City; State; Zip Code	
st 3,000 =	1520 Begnia	Elsa, TK 18543	
	Category (See Categories listed at the top of this schedu	ile) Description	
PURPOSE OF EXPENDITURE	Contributions	Campaign Contributions	
×	Check if travel outside of Texas. Complete Schedu	eT. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name  Benjumun Cashillo	Office sought Office held WSD Brand PLS	
Date	Payee name		
10/14/2024	Patti Balli		
Amount (\$)	Payee address;	City; State; Zip Code	
91,500=	PO BOX 982	EISA, 7K 78543	
	Category (See Categories listed at the top of this schedu	lle) Description	
PURPOSE OF EXPENDITURE	Contract Calzon	Canvassing	
	Check if travel outside of Texas. Complete Schedu	eT. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	
SAPSINGIA TO DELIGIT O/OF	Bansamin Cashllo	WISD BOARD PLS	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Officer (enter a category not listed above)

Salaries/Wages/Contract Labor Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 10/18/2024 6 Amount (\$) 7 Payee address: City; Zip Code San Juan, TX \$1,000= 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Campaign Contributions OF EXPENDITURE (c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH MISD Board PLS Date 10/18/2004 Amount (\$) City; State: Zip Code \$2,000= Westaeo, Description **PURPOSE** Contributions OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH WISD BOURL PLS Amount (\$) \$1,000= 'uthrus Dr., 9403 Category (See Categories listed at the top of this schedule) Description PURPOSE Cummbutions OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH WISD BOARD PLS ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Ove Food/Beverage Expense Polling Expense Printing Expense Pri	xpense Travel Out Of District //ages/Contract Labor Other (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME BENJAMIN CAST	3 Filer ID (Ethics Commission Filers)		
4 Date 10 16 10 19	5 Payee name Luis Mama			
6 Amount (\$)	7 Payee address;	City; State; Zip Code		
# 2,500=	1508 Vance St.	Edinburg, TV 78539		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Contributions	Campaigni Contributions		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name  Cashillo  Cashillo	Office sought WSD Board PL5		
Date	Payee name			
10/18/2024	Dr. Joll Kirena			
Amount (\$)	Payee address;	City; State; Zip Code		
<b>9</b> 1000 =	PO BOX 1055	Weslaw, Texas 78599		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Contributions	Campaign Contributions		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held		
expenditure to benefit C/OH	Benjamin Castillo	WISD Board PLS		
Date	Payee name	. ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
10/18/2014	Edhe Senna.			
Amount (\$)	Payee address;	City; State; Zip Code		
\$1,000 =	3861 Moreland Dr. Apt	- 2 Westaco. Tr 78594.		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Contributions	Campaign Contributions		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held		
expenditure to benefit C/OH	barxumun cusnilo	WISD Borne PLS		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica	Event Expense Fees Food/Beverage Expen Gift/Awards/Memorials	Office Overl se Polling Exp Expense Printing Exp	ment/Reimbursement head/Rental Expense ense	Solicitation/Fundrais Transportation Equip Travel In Distric Travel Out Of Distric Other (enter a categ	oment & Related Expense
Credit Card Payment	The Instruction G	uide explains how to co		o sici (omei a caleg	ory not notice above,
1 Total pages Schedule F1:	2 FILER NAME BENJA	XMUN CLASTI	UO	3 Filer ID (Ethic	s Commission Filers)
4 Date 110 1 2014	5 Payee name	ly tangum	N		
6 Amount (\$)	7 Payee address;	· J · ·	City;	State;	Zip Code
81/000=	PO BOX 97	l Elsa,	Tevas	1851	13
8	(a) Category (See Categories listed a	at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Contributions	5	Campaign	i Contribu	dims
	(c) Check if travel outside of Te	exas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living	g expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder pa	dshillo	Office sought	WISD	Office held Board PL 5
Date	Payee name				
11/01/2024	Candy	Ybarra			
Amount (\$)	Payee address;		City;	State;	Zip Code
el 11000	15106 N. F	in 88	Westaco,	Texas	78599
	Category (See Categories listed at	the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Contributions		Campaig	m Contribu	utims
v.	Check if travel outside of Te	exas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder na	ame	Office sought		Office held
	Benjamun (	astilla		WISD	Board PLS
Date	Payee name				
	Weslaw t	East High	School		
Amount (\$)	Payee address;		City;	State;	Zip Code
DUDDOOF	Category (See Categories listed at	the top of this schedule)	Description	•	
PURPOSE OF EXPENDITURE	Donation		Staff (	Christmas	Social
	Check if travel outside of Te	xas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder n	name	Office sought		Office held
Experience to benefit O/OF	bansumin Co	ishlio		WISD	Borna PLS

#### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (Aprile a category not listed shows)

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wa  The Instruction Guide explains how to co	ages/Contract Labor	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME BENJAMIN CAST	uo	3 Filer ID (Ethics Commission Filers)
4 Date 2112034	5 Payee name NOVMa Vento R	enes	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$800=	3457 PEC Pedro Marti	inis Rd M	ercedes, TX 78570
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Contract Labor	Distribution	n Of Christmas cands
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	WSD Brand PUS
Date	Payee name	1	
12/18/2024	Operation Spots 4 To	its, Inc.	
Amount (\$)	Payee address;	City;	State; Zip Code
\$6,000=	4110 FM493 Donna,	Texas	78537
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Donation	Donation -	for WISD Student project
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH	Benzamun Cashillo		WISD Brand PLS
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
(4)		Oity,	State, Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE			
OF EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH	1		
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEE	EDED

SCHEDULE !

The Instruction Guide explains how to complete this form.			
1 Total pages Schedule I:	Benjamin Castillo	3 Filer ID (Ethics Commission Filers)	
4 Date 07/3/2024	Pluns Capital Bank	•	
6 Amount (\$)	7 Payee address;	City State Zip Code	
\$ 10 -	PO BOX 271	Lubbock, Texas 79408	
8 PURPOSE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)	
OF EXPENDITURE	Accounting   Banking	Bank Scherice Fec	
081311W	Plans Capital Bank		
Amount (\$)	Payee address;	City State Zip Code	
# 10 <del>-</del>	PO BOX 271	Lubbock, Texas 79408	
PURPOSE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)	
OF EXPENDITURE	Accounting   Banking	Bank Shevice Fee	
09[30]2014	Payee name. Plus Capital Bank		
Amount (\$)	Payee address;	City State Zip Code	
#10>	PO BOX 271	Lubbock, Tx. 79408	
PURPOSE OF	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)	
EXPENDITURE	Accounting Banking	Bank Scavice Fee	
Date 10   31   2014	Pluns Capital Bank		
Amount (\$)	Payee address;	City State Zip Code	
\$10=	PO BOX 271	Lubbock, TK 79408	
PURPOSE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)	
OF EXPENDITURE	Accenting Banking	Bank Server Fee	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE !

The Instruction Guide explains how to complete this form.		
1 Total pages Schedule I:	2 FILER NAME : Benjamin Castillo	3 Filer ID (Ethics Commission Filers)
4 Date 11/30/2014	Pluns Capital Bank	
6 Amount (\$)	7 Payee address;	City State Zip Code
事10=	PO BOX 271	Lubbock, Texas 79408
8 PURPOSE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)
OF EXPENDITURE	Accounting   Banking	Bank Scherice Fec
12/31/2014	Plans Capital Bank	
Amount (\$)	Payee address;	City State Zip Code
410=	PO BOX 271	lubbock. Texas 79408
PURPOSE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
OF EXPENDITURE	Accounting   Banking	Bank Service Fee
Date	Payee name	
Amount (\$)	Payee address;	City State Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address;	City State Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		