

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed: **14**

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

MR.

FIRST

BENJAMIN

MI

F

NICKNAME

BEN

LAST

CASTILLO

SUFFIX

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

1900 TANGLEWOOD WESLACO, TX 78596

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(956) 373.1599

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

MR.

FIRST

BENJAMIN

MI

F

NICKNAME

BEN

LAST

CASTILLO

SUFFIX

7 CAMPAIGN
TREASURER
ADDRESS
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

1900 TANGLEWOOD WESLACO, TEXAS 78596

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(956) 373.1599

9 REPORT TYPE



January 15



30th day before election



Runoff



15th day after campaign
treasurer appointment
(Officeholder Only)



July 15



8th day before election



Exceeded Modified
Reporting Limit



Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

07 / 01 / 2024

THROUGH

Month

Day

Year

12 / 31 / 2024

11 ELECTION

ELECTION DATE

Month

Day

Year

11 / 08 / 2022

ELECTION TYPE



Primary



Runoff



Other
Description



General



Special

12 OFFICE

OFFICE HELD (if any)

WESLACO ISD, SCHOOL BOARD, PL5

13 OFFICE SOUGHT (if known)

14 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

COMMITTEE NAME



GENERAL

COMMITTEE ADDRESS



SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

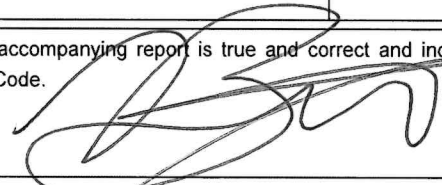
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME <u>BENJAMIN CASTILLO</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>37,546 =</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>40,034 =</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>13,562 =</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

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

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is BENJAMIN CASTILLO, and my date of birth is 02/18/1988.
 My address is 1900 TANBLENWOOD, WESLACO, TX, 78596, USA.
 (street) (city) (state) (zip code) (country)
 Executed in HIDALGO County, State of TEXAS, on the 15th day of JANUARY, 2025.
 (month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME BENJAMIN CASTILLO		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 37,546 ⁼
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 40,034 ⁻
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 60 ⁼
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

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: 1
2 FILER NAME BENJAMIN CASTILLO		3 Filer ID (Ethics Commission Filers)
4 Date 08/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Lee Fuentes Campaign	7 Amount of contribution (\$) \$1,000 =
6 Contributor address; City; State; Zip Code 3619 South Border Ave. Weslaco, TX 78596		
8 Principal occupation / Job title (See Instructions) County Commissioner		9 Employer (See Instructions) Hidalgo County Precinct 1
Date 08/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ottanlon, Demerath + Castillo	Amount of contribution (\$) \$7,000 =
Contributor address; City; State; Zip Code 426 W. Cattery Ave. Pharr, TX 78577		
Principal occupation / Job title (See Instructions) Law Firm		Employer (See Instructions) Ottanlon, Demerath + Castillo
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ottanlon, Demerath + Castillo	Amount of contribution (\$) \$18,546 =
Contributor address; City; State; Zip Code 426 W. Cattery Ave. Pharr, TX 78577		
Principal occupation / Job title (See Instructions) Law Firm		Employer (See Instructions) Ottanlon, Demerath + Castillo
Date 11/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ottanlon, Demerath + Castillo	Amount of contribution (\$) \$21,000 =
Contributor address; City; State; Zip Code 426 W. Cattery Ave. Pharr, TX 78577		
Principal occupation / Job title (See Instructions) Law Firm		Employer (See Instructions) Ottanlon, Demerath + Castillo
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 8	2 FILER NAME BENJAMIN CASTILLO	3 Filer ID (Ethics Commission Filers)
4 Date 01/22/2024	5 Payee name Keuna Family Foundation	
6 Amount (\$) \$1,000=	7 Payee address; City; State; Zip Code 401 S. Kansas Weslaco, Texas 78596	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Donation Made by Candidate	
	(b) Description Donation for purchase of backpacks for giveaway.	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Benjamin Castillo Office sought WISD Board, PL 5 Office held WISD Board, PL 5		
Date 01/22/2024	Payee name Cynthia Gutierrez	
Amount (\$) \$2,500=	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions	
	Description Contribution to campaign	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Benjamin Castillo Office sought WISD Board PL 5 Office held WISD Board PL 5		
Date 01/30/2024	Payee name Victoria Cantu Campaign	
Amount (\$) \$2,000	Payee address; City; State; Zip Code 1713 Diamond Ave. Penitas, Texas 78576.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions	
	Description Contribution to Campaign	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Benjamin Castillo Office sought WISD Board PL 5 Office held WISD Board PL 5		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 8	2 FILER NAME BENJAMIN CASTILLO	3 Filer ID (Ethics Commission Filers)
4 Date 07/30/2024	5 Payee name David De Los Rios Campaign	
6 Amount (\$) \$2,500=	7 Payee address; City; State; Zip Code 821 South Valley View Rd. Donna, Tx 78537	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions	(b) Description Campaign Contribution
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Benjamin Castillo Office sought WISD Board PL 5 Office held WISD Board PL 5		
Date 08/08/2024	Payee name Future Texas	
Amount (\$) \$5,000 =	Payee address; City; State; Zip Code 1317 Orange Blossom Weslaco, Texas 78596.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions	Description PAC Contribution
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Benjamin Castillo Office sought WISD Board PL 5 Office held WISD Board PL 5		
Date 08/15/2024	Payee name Marines Bakery	
Amount (\$) \$2,488 =	Payee address; City; State; Zip Code 201 S. Texas Blvd. Weslaco, Texas 78596.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Gifts	Description Districtwide Appreciation Gift (Sweet bread)
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Benjamin Castillo Office sought WISD Board PL 5 Office held WISD Board PL 5		

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages, Schedule F1: 8	2 FILER NAME BENJAMIN CASTILLO	3 Filer ID (Ethics Commission Filers)
4 Date 08/26/2024	5 Payee name JJ Ybarra Campaign	
6 Amount (\$) \$3,546=	7 Payee address; City; State; Zip Code 15100 N. FM 88 Weslaco, Texas 78599	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions	(b) Description Campaign Contribution
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Benjamin Castillo Office sought WSD Board PL5 Office held WSD Board PL5		
Date 10/04/2024	Payee name Zachary Zamora	
Amount (\$) \$2,500	Payee address; City; State; Zip Code 1501 San Felipe Dr. Mission, TX 78572	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions	Description Campaign Contribution
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Benjamin Castillo Office sought WSD Board PL5 Office held WSD Board PL5		
Date 10/04/2024	Payee name Cynthia Gutierrez	
Amount (\$) \$2,500=	Payee address; City; State; Zip Code 400 W. 12th St. San Juan Texas 78589	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions	Description Campaign Contribution
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Benjamin Castillo Office sought WSD Board PL5 Office held WSD Board PL5		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 8	2 FILER NAME BENJAMIN CASTILLO	3 Filer ID (Ethics Commission Filers)
4 Date 10/07/2024	5 Payee name Isabel Martinez	
6 Amount (\$) \$1,000=	7 Payee address; PO Box 3971	City; State; Zip Code Edcouch, TX 78538
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions	(b) Description Campaign Contributions
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Benjamin Castillo	Office sought Office held WISD Board PL 5
Date 10/16/2024	Payee name Albert Segura	
Amount (\$) \$3,000=	Payee address; 1520 Begonia	City; State; Zip Code ELSA, TX 78543
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions	Description Campaign Contributions
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Benjamin Castillo	Office sought Office held WISD Board PL 5
Date 10/16/2024	Payee name Patti Balli	
Amount (\$) \$1,500=	Payee address; PO Box 982	City; State; Zip Code ELSA, TX 78543
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description Canvassing
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Benjamin Castillo	Office sought Office held WISD Board PL 5

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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

The Instruction Guide explains how to complete this form.

1 Total pages, Schedule F1: 8	2 FILER NAME BENJAMIN CASTILLO	3 Filer ID (Ethics Commission Filers)
4 Date 10/18/2024	5 Payee name Pete Garcia	
6 Amount (\$) \$1,000 =	7 Payee address; City; State; Zip Code 118 N. Standard Ave San Juan, TX 78589	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions	(b) Description Campaign Contributions
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Benjamin Castillo		
Office sought		Office held WISD Board PL 5
Date 10/18/2024	Payee name Andrew Gonzalez	
Amount (\$) \$2,000 =	Payee address; City; State; Zip Code 2004 Ashlen Dr. Weslaco, Texas 78596	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions	Description Campaign Contributions
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Benjamin Castillo		
Office sought		Office held WISD Board PL 5
Date 10/18/2024	Payee name Ramon Resendez	
Amount (\$) \$1,000 =	Payee address; City; State; Zip Code 1901 Citrus Dr., 9403 Weslaco, TX. 78596	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions	Description Campaign Contributions
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Benjamin Castillo		
Office sought		Office held WISD Board PL 5

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 6	2 FILER NAME BENJAMIN CASTILLO	3 Filer ID (Ethics Commission Filers)
4 Date 10/18/2024	5 Payee name Luis Alama	
6 Amount (\$) \$2,500=	7 Payee address; City; State; Zip Code 1508 Vance St. Edinburg, TX 78539	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions	(b) Description Campaign Contributions
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Benjamin Castillo Office sought WISD Board PL 5 Office held WISD Board PL 5		
Date 10/18/2024	Payee name Dr. Joel Rivera	
Amount (\$) \$1,000=	Payee address; City; State; Zip Code PO Box 1055 Weslaco, Texas 78599	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions	Description Campaign Contributions
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Benjamin Castillo Office sought WISD Board PL 5 Office held WISD Board PL 5		
Date 10/18/2024	Payee name Eddie Senna	
Amount (\$) \$1,000=	Payee address; City; State; Zip Code 3861 Moreland Dr Apt 2 Weslaco, TX 78596	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions	Description Campaign Contributions
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Benjamin Castillo Office sought WISD Board PL 5 Office held WISD Board PL 5		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 8		2 FILER NAME BENJAMIN CASTILLO		3 Filer ID (Ethics Commission Filers)	
4 Date 11/01/2024		5 Payee name Cindy Tanguma			
6 Amount (\$) \$1,000		7 Payee address; PO Box 971		City; ELSA, Texas	State; 78543
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions		(b) Description Campaign Contributions		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Benjamin Castillo		Office sought	Office held WISD Board PL 5
Date 11/01/2024		Payee name Candy Ybarra			
Amount (\$) \$1,000		Payee address; 15106 N. Fm 88		City; Weslaco, Texas	State; 78599
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions		Description Campaign Contributions		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Benjamin Castillo		Office sought	Office held WISD Board PL 5
Date		Payee name Weslaco East High School			
Amount (\$)		Payee address;		City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation		Description Staff Christmas Social		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Benjamin Castillo		Office sought	Office held WISD Board PL 5

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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
Credit Card Payment

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: 8	2 FILER NAME BENJAMIN CASTILLO	3 Filer ID (Ethics Commission Filers)
4 Date 12/17/2024	5 Payee name Norma Vento Reyes	
6 Amount (\$) \$800=	7 Payee address; City; State; Zip Code 3457 Pfc Pedro Martinez Rd Mercedes TX 78570	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Labor	(b) Description Distribution of Christmas cards to constituents.
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Benjamin Castillo Office sought WSD Board PLS Office held WSD Board PLS		
Date 12/18/2024	Payee name Operation Spots 4 Tots, Inc.	
Amount (\$) \$6,000=	Payee address; City; State; Zip Code 4110 FM493 Donna, Texas 78537	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation	Description Donation for WSD Student project
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Benjamin Castillo Office sought WSD Board PLS Office held WSD Board PLS		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
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

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

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 I: 2	2 FILER NAME Benjamin Castillo		3 Filer ID (Ethics Commission Filers)
4 Date 07/31/2024	5 Payee name Plains Capital Bank		
6 Amount (\$) \$ 10 =	7 Payee address; PO Box 271	City Lubbock, Texas	State Zip Code 79408
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) Accounting / Banking		(b) Description (See instructions regarding type of information required.) Bank Service Fee
Date 08/31/2024	Payee name Plains Capital Bank		
Amount (\$) \$ 10 =	Payee address; PO Box 271	City Lubbock, Texas	State Zip Code 79408
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) Accounting / Banking		Description (See instructions regarding type of information required.) Bank Service Fee
Date 09/30/2024	Payee name Plains Capital Bank		
Amount (\$) \$ 10 =	Payee address; PO Box 271	City Lubbock, Tx.	State Zip Code 79408
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) Accounting / Banking		Description (See instructions regarding type of information required.) Bank Service Fee
Date 10/31/2024	Payee name Plains Capital Bank		
Amount (\$) \$ 10 =	Payee address; PO Box 271	City Lubbock, TX	State Zip Code 79408
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) Accounting / Banking		Description (See instructions regarding type of information required.) Bank Service Fee

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: 2	2 FILER NAME Benjamin Castillo	3 Filer ID (Ethics Commission Filers)
4 Date 11/30/2024	5 Payee name Plains Capital Bank	
6 Amount (\$) \$10=	7 Payee address; PO Box 271	City State Zip Code Lubbock, Texas 79408
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) Accounting / Banking	(b) Description (See instructions regarding type of information required.) Bank Service Fee
Date 12/31/2024	Payee name Plains Capital Bank	
Amount (\$) \$10=	Payee address; PO Box 271	City State Zip Code Lubbock, Texas 79408
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) Accounting / Banking	Description (See instructions regarding type of information required.) 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.)

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