# 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: 7

**OFFICE USE ONLY**

Date Received: January 15, 2026

Date Hand-delivered or Date Postmarked

Receipt # | Amount $

Date Processed

Date Imaged

**3 CANDIDATE / OFFICEHOLDER NAME**

MS / MRS / MR: MR. | FIRST: BENJAMIN | MI: F

NICKNAME: BEN | LAST: CASTILLO | SUFFIX:

**4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS**

☐ Change of Address

ADDRESS / PO BOX: 1900 TANGLEWOOD | APT / SUITE #: | CITY: WESLACO, TX | STATE: | ZIP CODE: 78596

**5 CANDIDATE/ OFFICEHOLDER PHONE**

AREA CODE: (956) | PHONE NUMBER: 373-1599 | EXTENSION:

**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): 1900 TANGLEWOOD | APT / SUITE #: | CITY: WESLACO, TX. | STATE: | ZIP CODE: 78596

**8 CAMPAIGN TREASURER PHONE**

AREA CODE: (956) | PHONE NUMBER: 373-1599 | EXTENSION:

**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 / 2025 THROUGH 12 / 31 / 2025

**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, PL 5

**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.

☐ Additional Pages

COMMITTEE TYPE
- ☐ GENERAL
- ☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

**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 | 1. | TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | $ Ø |
| | 2. | **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | $ Ø |
| EXPENDITURE TOTALS | 3. | TOTAL UNITEMIZED POLITICAL EXPENDITURE. | $ Ø |
| | 4. | **TOTAL POLITICAL EXPENDITURES** | $ 11,770.35 |
| CONTRIBUTION BALANCE | 5. | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | $ 1,041.65 |
| OUTSTANDING LOAN TOTALS | 6. | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | $ Ø |

**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 F. CASTILLO, and my date of birth is 02/18/1988.

My address is 1900 TANGLEWOOD (street), WESLACO (city), TX (state), 78596 (zip code), USA (country).

Executed in HIDALGO County, State of TEXAS, on the 15TH day of JANUARY (month), 2026 (year).

Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

**FORM C/OH**
**COVER SHEET PG 3**

| 19 FILER NAME | 20 Filer ID (Ethics Commission Filers) |
|---|---|
| BENJAMIN CASTILLO | |

| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | | SUBTOTAL AMOUNT |
|---|---|---|---|
| 1. | ☐ | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | $ |
| 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 CONTRIBUTIONS | $ 11,770.35 |
| 6. | ☐ | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | $ |
| 7. | ☐ | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | $ |
| 8. | ☐ | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | $ |
| 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 CONTRIBUTIONS | $ 60= |
| 12. | ☐ | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | $ |

# 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: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
|---|---|---|
| 2 | BENJAMIN CASTILLO | |

| 4 Date | 5 Payee name |
|---|---|
| 08/08/2025 | MARINES BAKERY |

| 6 Amount ($) | 7 Payee address; | City; | State; | Zip Code |
|---|---|---|---|---|
| $1,956= | 201 S. TEXAS BLVD | WESLACO | TX | 78596 |

☐ Check if individual's residence address.

| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|---|
| | Food Expense | Purchase of sweet bread for District-Wide distribution to schools + depts. |

(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 | Office sought | Office held |
|---|---|---|---|
| | BENJAMIN CASTILLO | | WISD Board PL 5 |

| Date | Payee name |
|---|---|
| 08/08/2025 | O'HANLON, DEMERATH & CASTILLO |

| Amount ($) | Payee address; | City; | State; | Zip Code |
|---|---|---|---|---|
| $3,214.35 | 808 WEST AVE. | AUSTIN, | TEXAS | 78701 |

☐ Check if individual's residence address.

| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
|---|---|---|
| | GIFT EXPENSE | REIMBURSEMENT FOR BACKPACKS (STUDENT BACKPACK GIVEAWAY) |

☐ 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 |
|---|---|---|---|
| | BENJAMIN CASTILLO | | WISD BOARD PL 5 |

| Date | Payee name |
|---|---|
| 10/16/2025 | WESLACO HIGH SCHOOL |

| Amount ($) | Payee address; | City; | State; | Zip Code |
|---|---|---|---|---|
| $500= | 1005 W. PIKE BLVD | WESLACO, | TEXAS | 78596 |

☐ Check if individual's residence address.

| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
|---|---|---|
| | DONATION MADE BY CANDIDATE | DONATION TO FFA STUDENTS |

☐ 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 |
|---|---|---|---|
| | BENJAMIN CASTILLO | | WESLACO ISD BD 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
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)

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| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
|---|---|---|
| 2 | BENJAMIN CASTILLO | |

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4 Date: 10/16/2025

5 Payee name: WESLACO BOYS & GIRLS CLUB

6 Amount ($): $5,000=

7 Payee address; City; State; Zip Code: 300 N. AIRPORT DR. SUITE B WESLACO, TX 78596

☐ Check if individual's residence address.

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): DONATION MADE BY CANDIDATE

(b) Description: DONATION IN SUPPORT OF YOUTH PROGRAM

(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: BENJAMIN CASTILLO

Office sought:

Office held: WISD BOARD PLS

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Date: 10/16/2025

Payee name: NORMA VENTO REYES

Amount ($): $400=

Payee address; City; State; Zip Code: 3457 PFC Pedro Martinez Rd. Mercedes TX 78570

☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): CONTRIBUTION

Description: CONJUNTO SHOOTOUT FUNDRAISER EVENT

☐ 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: BENJAMIN CASTILLO

Office sought:

Office held: WISD BOARD PLS

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Date: 11/07/2025

Payee name: NORMA VENTO REYES

Amount ($): $700=

Payee address; City; State; Zip Code: 3457 PFC Pedro Martinez Rd. Mercedes TX 78570

☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): ADVERTISING EXPENSE

Description: PRINTING AND DISTRIBUTION OF CHRISTMAS CARDS TO CONSTITUENTS

☐ 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: BENJAMIN CASTILLO

Office sought:

Office held: WISD BOARD PLS

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# 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 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
|---|---|---|---|---|
| 2 | BENJAMIN CASTILLO | | | |
| **4 Date** | **5 Payee name** | | | |
| 07/31/2025 | PLAINS CAPITAL BANK | | | |
| **6 Amount ($)** | **7 Payee address;** | **City** | **State** | **Zip Code** |
| $10= | PO BOX 271 | LUBBOCK | TX | 79408 |
| **8 PURPOSE OF EXPENDITURE** | **(a) Category** (See instructions for examples of acceptable categories.) | **(b) Description** (See instructions regarding type of information required.) | | |
| | ACCOUNTING/BANKING | BANK SERVICE FEE | | |
| **Date** | **Payee name** | | | |
| 08/31/2025 | PLAINS CAPITAL BANK | | | |
| **Amount ($)** | **Payee address;** | **City** | **State** | **Zip Code** |
| $10= | PO BOX 271 | LUBBOCK | TX | 79408 |
| **PURPOSE OF EXPENDITURE** | **Category** (See instructions for examples of acceptable categories.) | **Description** (See instructions regarding type of information required.) | | |
| | ACCOUNTING/BANKING | BANK SERVICE FEE | | |
| **Date** | **Payee name** | | | |
| 09/30/2025 | PLAINS CAPITAL BANK | | | |
| **Amount ($)** | **Payee address;** | **City** | **State** | **Zip Code** |
| $10= | PO BOX 271 | LUBBOCK | TX | 79408 |
| **PURPOSE OF EXPENDITURE** | **Category** (See instructions for examples of acceptable categories.) | **Description** (See instructions regarding type of information required.) | | |
| | ACCOUNTING/BANKING | BANK SERVICE FEE | | |
| **Date** | **Payee name** | | | |
| 10/31/2025 | PLAINS CAPITAL BANK | | | |
| **Amount ($)** | **Payee address;** | **City** | **State** | **Zip Code** |
| $10= | PO BOX 271 | LUBBOCK | TX | 79408 |
| **PURPOSE OF EXPENDITURE** | **Category** (See instructions for examples of acceptable categories.) | **Description** (See instructions regarding type of information required.) | | |
| | ACCOUNTING/BANKING | BANK SERVICE FEE | | |

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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE I**

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| 1 Total pages Schedule I: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
|---|---|---|
| 2 | BENJAMIN CASTILLO | |

| 4 Date | 5 Payee name |
|---|---|
| 11/30/2025 | PLAINS CAPITAL BANK |

| 6 Amount ($) | 7 Payee address; | City | State | Zip Code |
|---|---|---|---|---|
| $10= | PO BOX 271 | LUBBOCK | TX | 79408 |

| 8 PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories.) | (b) Description (See instructions regarding type of information required.) |
|---|---|---|
| | ACCOUNTING/BANKING | BANK SERVICE FEE |

| Date | Payee name |
|---|---|
| 12/31/2025 | PLAINS CAPITAL BANK |

| Amount ($) | Payee address; | City | State | Zip Code |
|---|---|---|---|---|
| $10= | PO BOX 271 | LUBBOCK | TX | 79408 |

| PURPOSE OF EXPENDITURE | Category (See instructions for examples of acceptable categories.) | Description (See instructions regarding type of information required.) |
|---|---|---|
| | 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.) |
|---|---|---|
| | | |

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