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: 5

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: 01 / Day: 01 / Year: 2026 THROUGH Month: 06 / Day: 30 / Year: 2026

11 ELECTION

ELECTION DATE: Month: 11 / Day: 08 / Year: 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.

☐ Additional Pages

COMMITTEE TYPE: ☐ GENERAL ☐ SPECIFIC

COMMITTEE NAME
COMMITTEE ADDRESS
COMMITTEE CAMPAIGN TREASURER NAME
COMMITTEE CAMPAIGN TREASURER ADDRESS

OFFICE USE ONLY

Date Received: July 13, 2026
Office - WISD Board of Trustees

Date Hand-delivered or Date Postmarked
Receipt # | Amount $
Date Processed
Date Imaged

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	$	60.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$	981.65
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, WESLACO, TX, 78596, USA.
(street) (city) (state) (zip code) (country)

Executed in HIDALGO County, State of TEXAS, on the 13TH day of JULY (month), 20 26 (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	$
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	$

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
01/31/2026	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
02/28/2026	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
03/31/2026	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
04/30/2026	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 FE

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: 05/31/2026	**5** Payee name: PLAINS CAPITAL BANK			
6 Amount ($): $10=	**7** Payee address; PO BOX 271	City: LUBBOCK	State: TX	Zip Code: 79408
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.): ACCOUNTING/BANKING	(b) Description (See instructions regarding type of information required.): BANK SERVICE FEE		
Date: 06/30/2026	Payee name: PLAINS CAPITAL BANK			
Amount ($): $10=	Payee address; PO BOX 271	City: LUBBOCK	State: TX	Zip Code: 79408
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.): ACCOUNTING/BANKING	Description (See instructions regarding type of information required.): BANK SERVICE FEE		
Date	Payee name			
Amount ($)	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