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: 9

OFFICE USE ONLY

Date Received

WESLACO ISD SCHOOL BOARD SECRETARY
RCVD: 10/5/2026

Date Hand-delivered or Date Postmarked

Receipt # | Amount $

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR	FIRST	MI
Mr	Benjamin	F

NICKNAME	LAST	SUFFIX
Ben	Castillo	

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

Change of Address

ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE
1900 Tanglewood		Weslaco	TX	78596

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE	PHONE NUMBER	EXTENSION
(956)	373-1599	

6 CAMPAIGN TREASURER NAME

MS / MRS / MR	FIRST	MI
Mr.	Benjamin	R.

NICKNAME	LAST	SUFFIX
Ben	Castillo	

7 CAMPAIGN TREASURER ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE
1900 Tanglewood		Weslaco	TX	78596

8 CAMPAIGN TREASURER PHONE

AREA CODE	PHONE NUMBER	EXTENSION
(956)	373-1599	

9 REPORT TYPE

- ☐ January 15
- ☐ July 15
- ☐ 30th day before election
- ☐ 8th day before election
- ☐ Runoff
- ☐ Exceeded Modified Reporting Limit
- ☐ 15th day after campaign treasurer appointment (Officeholder Only)
- ☐ Final Report (Attach C/OH - FR)

10 PERIOD COVERED

	Month	Day	Year
	7	1	26
THROUGH	9	24	26

11 ELECTION

ELECTION DATE

Month	Day	Year
11	3	26

ELECTION TYPE

- ☐ Primary
- ☐ Runoff
- ☐ Other Description
- ■ General
- ☐ Special

12 OFFICE

OFFICE HELD (if any): Weslaco ISD Trustee, Pl. 5

13 OFFICE SOUGHT (if known)

14 NOTICE FROM POLITICAL COMMITTEE(S)

Additional Pages

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

- ☐ 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	16 Filer ID (Ethics Commission Filers)
Benjamin F. "Ben" Castillo	

17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	$
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 19,000.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 4,800.00
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 16,731.65
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 0.00

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 02/18/2026.

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

Executed in Hidalgo County, State of TX, on the 5th day of October (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 F. "Ben" Castillo	

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	■	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 16,500.00
2.	■	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$ 2,500.00
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS	$
4.		SCHEDULE E: LOANS	$
5.	■	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 1,500.00
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	$ 3,300.00
10.		SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$
12.		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: 2

2 FILER NAME
Benjamin F. "Ben" Castillo

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor (out-of-state PAC (ID#:_____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
09/24/2C	Nicholas and Sofia Gignac 349 Jackson Place Corpus Christi TX 78411	3,000.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
self employed	self

Date	Full name of contributor (out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)
09/10/2C	O'Hanlong, Demerath & Castillo 424 W. Caffery Ave. Pharr TX 78577	10,000.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor (out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)
08/22/2C	Justin Brooks Demerath 908 Blanco St. Austin TX 78703	1,000.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
attorney	self

Date	Full name of contributor (out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)
08/21/2C	Perdue, Brandon, Fielder, Collins & Mott, LLP P O Box 2916 McAllen TX 78504	1,500.00

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.

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

2 FILER NAME
Benjamin F. "Ben" Castillo

3 Filer ID (Ethics Commission Filers)

4 Date	**5** Full name of contributor out-of-state PAC (ID#:_____)	**7** Amount of contribution ($)
08/21/20	Hiram A. Gutierrez	1,000.00
	6 Contributor address; City; State; Zip Code: 701 N. Bentsen Rd. McAllen TX 78501	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)

Date	Full name of contributor out-of-state PAC (ID#:_____)	Amount of contribution ($)
	Contributor address; City; State; Zip Code	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor out-of-state PAC (ID#:_____)	Amount of contribution ($)
	Contributor address; City; State; Zip Code	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor out-of-state PAC (ID#:_____)	Amount of contribution ($)
	Contributor address; City; State; Zip Code	

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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2:

2 FILER NAME
Benjamin F. "Ben" Castillo

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS $ 2,500.00

5 Date	6 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 7 Contributor address; City; State; Zip Code	8 Amount of Contribution $	9 In-kind contribution description
07/28	Future Texas PAC / 1317 Orange Blossom Weslaco TX 78596	2,500.00	signs

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employer (FOR NON-JUDICIAL) (See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of Contribution $	In-kind contribution description

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL) (See Instructions)
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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)
1	Benjamin F. "Ben" Castillo	

Expenditure 1

4 Date	5 Payee name			
09/18/2026	Manuel Torres			
6 Amount ($)	**7 Payee address;**	**City;**	**State;**	**Zip Code**
333.00		Weslaco	TX	78596

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)	(b) Description
contract labor	campaign labor

(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:

Expenditure 2

Date	Payee name			
09/18/2026	PIlar Moreno			
Amount ($)	**Payee address;**	**City;**	**State;**	**Zip Code**
500.00	318 W. Railroad St.	Weslaco	TX	78596

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)	Description
contract labor	campaign labor

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 3

Date	Payee name			
09/17/2026	Norma Vento Reyes			
Amount ($)	**Payee address;**	**City;**	**State;**	**Zip Code**
667.00	3457 PFC Pedro Martinez Rd.	Weslaco	TX	78596

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)	Description
contract labor	campaign labor

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:

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
2	Benjamin F. "Ben" Castillo	

Entry 1

4 Date	5 Payee name
09/08/2026	Luciano Garza

6 Amount ($)	7 Payee address;	City;	State;	Zip Code
800.00 ✔ Reimbursement from political contributions intended	3515 Pecan Grove	Weslaco	TX	78596

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)	(b) Description
contract labor	campaign labor

(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

Entry 2

Date	Payee name
08/25/2026	Alicia Gonzalez

Amount ($)	Payee address;	City;	State;	Zip Code
500.00 ✔ Reimbursement from political contributions intended	7221 Valley Trace Dr.	Weslaco	TX	78599

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)	Description
contract labor	campaign labor

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

Entry 3

Date	Payee name
08/25/2026	Manuel Torres

Amount ($)	Payee address;	City;	State;	Zip Code
500.00 ✔ Reimbursement from political contributions intended		Weslaco	TX	78596

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)	Description
contract labor	campaign labor

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
2	Benjamin F. "Ben" Castillo	

4 Date: 08/25/2026

5 Payee name: Norma Reyes Vento

6 Amount ($): 1,500.00

✔ Reimbursement from political contributions intended

7 Payee address; 3457 PFC Pedro Martinez Rd. **City;** Weslaco **State;** TX **Zip Code** 78596

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): contract labor

(b) Description: campaign labor

(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

Date | Payee name

Amount ($) | Payee address; | City; | State; | Zip Code

Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule) | Description

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

Date | Payee name

Amount ($) | Payee address; | City; | State; | Zip Code

Reimbursement from political contributions intended

Weslaco | TX | 78596

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule) | Description

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED