

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Castro, Melina (Mrs.)

15 ACCOUNT # (Ethics Commission filers)
11111110

16 NOTICE FROM POLITICAL COMMITTEE(S)

.. This box is for notice of political expenditures 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. ..

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

CITY CLERK DEPT.
09 MAY - 1 PM 4:39

17 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ 225.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 5,625.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$ 726.42

4. TOTAL POLITICAL EXPENDITURES \$ 2,387.29

CONTRIBUTION BALANCE

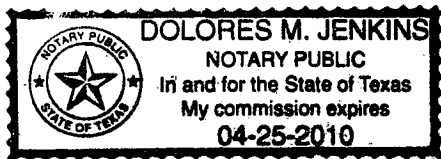
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 10,444.36

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 2,870.00

18 AFFIDAVIT

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.



Melina Castro
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Melina Castro, this the 1st day of May, 20 09, to certify which, witness my hand and seal of office.

Dolores M. Jenkins
Signature of officer administering oath

Dolores M. Jenkins
Print name of officer administering oath

Notary
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/4 Report: 3/10	
2 FILER NAME Castro, Melina (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 11111110	
4 Date 04/16/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) EL PASO ASSOCIATION OF FIREFIGHTERS 6 Contributor address; City; State; Zip Code 3112 FORNEY DR EL PASO, TX 79935	7 Amount of contribution (\$) \$750.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 04/16/2009		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) EL PASO SHERIFFS OFFICERS ASSOC Contributor address; City; State; Zip Code 747 E SAN ANTONIO NO 103 EL PASO, TX 79901	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 04/28/2009		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) FIELDS, JOHN (Mr.) Contributor address; City; State; Zip Code 4267 LOCH HIGHLAND PARKWAY ROSWELL, GA 30075	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 04/06/2009		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) FULLER, DAVID (Mr.) Contributor address; City; State; Zip Code 4021 HERCULES EL PASO, TX 79904	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 04/05/2009		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) HSIEN, JU-HSIEN (Mr.) Contributor address; City; State; Zip Code 24 BROOSTONE EL PASO, TX 92604	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/4 Report: 4/10	
2 FILER NAME Castro, Melina (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 11111110	
4 Date 04/05/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) HSIEN, SHEN HSU (Mr.) 6 Contributor address; City; State; Zip Code 11551 JAMES GRANT DR EL PASO, TX 79936	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 04/08/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jobe, Stanley (Mr.) Contributor address; City; State; Zip Code P.O. Box 3318 El Paso, TX 79923	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 04/10/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) KO, CHANG (Mr.) Contributor address; City; State; Zip Code 4413 GEN MALONEY EL PASO, TX 79924	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 04/08/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) KO, JAZ BUN (Mr.) Contributor address; City; State; Zip Code 4413 GEN MALONEY EL PASO, TX 79924	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 04/08/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) KO, KYONG (Mr.) Contributor address; City; State; Zip Code 4413 GEN MALONEY EL PASO, TX 79924	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/4 Report: 5/10	
2 FILER NAME Castro, Melina (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 11111110	
4 Date 04/08/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) KO, KYONG MI (Mr.) 6 Contributor address; City; State; Zip Code 4413 GEN MALONEY EL PASO, TX 79924	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 04/08/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) KO, KYONG SUK (Mr.) Contributor address; City; State; Zip Code 4413 GEN MALONEY EL PASO, TX 79924	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 04/08/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MAY, DENISE (Ms.) Contributor address; City; State; Zip Code 1420 CLOUD RIDGE DR EL PASO, TX 79912	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 04/08/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MAY, DENISE (Ms.) Contributor address; City; State; Zip Code 1420 CLOUD RIDGE DR EL PASO, TX 79912	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 04/28/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MCDUGALL, CRANDALL (Mr.) Contributor address; City; State; Zip Code 6708 CAPTAIN RIDGE EL PASO, TX 79912	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/4 Report: 6/10	
2 FILER NAME Castro, Melina (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 11111110	
4 Date 04/08/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) SaNDOVAL, SYLVIA (Ms.) 6 Contributor address; City; State; Zip Code 10900 LOMA DE COLOR DR EL PASO, TX 79934	7 Amount of contribution (\$) \$150.00	8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)
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Date 04/01/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) WAYNE, GEORGE (Mr.) Contributor address; City; State; Zip Code 5595 WESTSIDE DR EL PASO, TX 79932	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
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(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date 04/08/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) WILLIAMSON, ANITA (Mr.) Contributor address; City; State; Zip Code 3216 PARK NORTH EL PASO, TX 79904	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
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(If travel outside of Texas, complete Schedule T)

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

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/3 Report: 7/10
2 FILER NAME Castro, Melina (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 11111110
4 Date 04/01/2009	5 Payee name AMIGO SIGNS 6 Payee address; City; State; Zip Code 9584 DYER SUITE G EL PASO, TX 79924	7 Amount (\$) \$454.04
8 Purpose of payment (See instructions regarding type of information required.) SIGNS (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 04/15/2009	Payee name AMIGO SIGNS Payee address; City; State; Zip Code 9584 DYER SUITE G EL PASO, TX 79924	Amount (\$) \$100.00
Purpose of payment (See instructions regarding type of information required.) SIGNS (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 04/17/2009	Payee name AMIGO SIGNS Payee address; City; State; Zip Code 9584 DYER SUITE G EL PASO, TX 79924	Amount (\$) \$262.51
Purpose of payment (See instructions regarding type of information required.) SIGNS (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 04/09/2009	Payee name APPLEBEES Payee address; City; State; Zip Code 4700 WOODROW BEAN EL PASO, TX 79924	Amount (\$) \$64.60
Purpose of payment (See instructions regarding type of information required.) VOLUNTEER DINNER (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/3 Report: 8/10
2 FILER NAME Castro, Melina (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 11111110
4 Date 04/10/2009	5 Payee name House of Pizza 6 Payee address; City; State; Zip Code 2016 Piedras El Paso, TX 79903	7 Amount (\$) \$54.67
8 Purpose of payment (See instructions regarding type of information required.) LUNCH WITH PARADE VOLUNTEERS (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 04/02/2009	Payee name IDEA SPREADERS & MARKETING Payee address; City; State; Zip Code 3580 OXCART RUN EL PASO, TX 79936	Amount (\$) \$181.80
Purpose of payment (See instructions regarding type of information required.) TSHIRTS (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 04/22/2009	Payee name IDEA SPREADERS & MARKETING Payee address; City; State; Zip Code 3580 OXCART RUN EL PASO, TX 79936	Amount (\$) \$211.80
Purpose of payment (See instructions regarding type of information required.) TSHIRTS (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 04/11/2009	Payee name PETER PIPER PIZZA Payee address; City; State; Zip Code 9450 DYER EL PASO, TX 79924	Amount (\$) \$105.83
Purpose of payment (See instructions regarding type of information required.) LUNCH AFTER EASTER PARADE W/ VOLUNTEERS (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/3 Report: 9/10
2 FILER NAME Castro, Melina (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 11111110
4 Date 04/26/2009	5 Payee name PETER PIPER PIZZA 6 Payee address; City; State; Zip Code 9450 DYER EL PASO, TX 79924	7 Amount (\$) \$58.45
8 Purpose of payment (See instructions regarding type of information required.) LUNCH VOLUNTEERS (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 04/10/2009	Payee name PINATA MARKET Payee address; City; State; Zip Code 121 S PIEDRAS EL PASO, TX 79905	Amount (\$) \$135.30
Purpose of payment (See instructions regarding type of information required.) DECORATION NORTHEASTER PARADE (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/1 Report: 10/10
2 FILER NAME Castro, Melina (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 11111110
4 Date 04/22/2009	5 Payee name Castro, Melina (Mrs.) 6 Payee address; City; State; Zip Code 9932 Ballistic El Paso, TX 79924	8 Amount (\$) \$9.14
7 Purpose of expenditure (See instructions regarding type of information required.) REIMBURSEMENT OF LOAN (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 04/23/2009	Payee name Castro, Melina (Mrs.) Payee address; City; State; Zip Code 9932 Ballistic El Paso, TX 79924	Amount (\$) \$22.73
Purpose of expenditure (See instructions regarding type of information required.) REIMBURSEMENT OF LOAN (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

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