

# 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. <b>9 40</b>				
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST <b>Josefina</b>	MI <b>Idali</b>	<b>OFFICE USE ONLY</b>			
	NICKNAME <b>Josie</b>	LAST <b>Maestro Garcia</b>	SUFFIX		Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX:	APT / SUITE #:	CITY:		STATE:	ZIP CODE	<b>4/6/2023 ee</b>
<input type="checkbox"/> Change of Address	<b>6108 Camino Alegre El Paso, TX 79912</b>						
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <b>(915)</b>	PHONE NUMBER <b>227-1025</b>	EXTENSION		Date Hand-delivered or Date Postmarked		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST <b>Mr.</b>	MI <b>Carlos</b>	Receipt #		Amount \$	
	NICKNAME <b>Leon</b>	LAST	SUFFIX				Date Processed
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #:	CITY:	STATE:	ZIP CODE	
	<b>1372 Gate Place</b>			<b>El Paso,</b>	<b>TX</b>	<b>79936</b>	
8 CAMPAIGN TREASURER PHONE	AREA CODE <b>(915)</b>	PHONE NUMBER <b>526-8040</b>	EXTENSION		Date Imaged <b>4/6/2023 ee</b>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)						
10 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
			<b>02/01/2023</b>				<b>03/27/2023</b>
11 ELECTION	ELECTION DATE			ELECTION TYPE			
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description	
			<b>05/06/2023</b>	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)			
				<b>EPISD Trustee, District 6</b>			
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.						
	<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
		<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS				
		<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS					
<b>GO TO PAGE 2</b>							

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 2

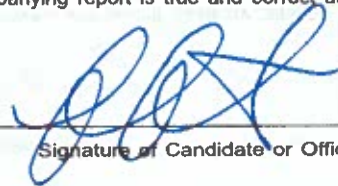
15 C/OH NAME

*Castro Garcia, Josie*

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)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>2,440<sup>02</sup></i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>1486.59</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>953.41</i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

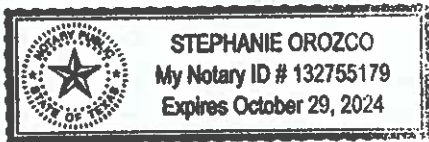
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by *Josie Castro Garcia* this the *6<sup>th</sup>* day of *April*

20*23*, to certify which, witness my hand and seal of office.

*Stephanie Orozco* *Stephanie Orozco* *Notary*  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_

My address is \_\_\_\_\_  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
(month) (year)

Signature of Candidate/Officeholder (Declarant)

**SUBTOTALS - C/OH**

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

<b>19 FILER NAME</b>		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS NAME OF SCHEDULE</b>		<b>SUBTOTAL AMOUNT</b>
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,440 <sup>00</sup>
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	\$
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 checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 1486.59 *
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
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:
2 FILER NAME Castro Garcia, Josie		3 Filer ID (Ethics Commission Filers)
4 Date 3/22/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Norma De la Rosa	7 Amount of contribution (\$) \$ 100.00
6 Contributor address; City; State; Zip Code 1531 Bert Green El Paso TX 79936		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patricia Amezaga / Jaime Amezaga	Amount of contribution (\$) \$ 50.00
Contributor address; City; State; Zip Code 10132 Trinidad Dr. El Paso TX 79925		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ross / Elvira Moore	Amount of contribution (\$) \$ 250.00
Contributor address; City; State; Zip Code 6104 Pino Real Dr. El Paso TX 79912		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3-26-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christina Acosta	Amount of contribution (\$) \$ 200.00
Contributor address; City; State; Zip Code 9327 Elgin Drive El Paso, TX 79907		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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 FILER NAME <i>Castro Garcia, Josu</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3-10-23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Edna Castro</i>	7 Amount of contribution (\$) <i>\$ 25<sup>00</sup></i>
6 Contributor address; City; State; Zip Code <i>1095 Esplanada El Paso, TX 79932</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <b>CASTRO Garcia, Josie</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3-22-23</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Oscar Ugarte</b> 6 Contributor address; City; State; Zip Code <b>7109 Ramada El Paso TX 79912</b>	7 Amount of contribution (\$) <b>\$ 75<sup>00</sup></b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>3-22-23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Lisa Schoenbrun</b> Contributor address; City; State; Zip Code <b>6609 Camino Fuente El Paso, TX 79912</b>	Amount of contribution (\$) <b>\$ 50<sup>00</sup></b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3-14-23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Oscar Ugarte</b> Contributor address; City; State; Zip Code <b>7109 Ramada El Paso, TX 79912</b>	Amount of contribution (\$) <b>\$ 100<sup>00</sup></b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Daniel Rollings</b> Contributor address; City; State; Zip Code <b>6704 Boca Negra Pl Albuquerque NX 87120</b>	Amount of contribution (\$) <b>\$ 100<sup>00</sup></b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

**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 FILER NAME <i>Castro Garcia, Josu</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3-22-23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Maria Camargo</i>	7 Amount of contribution (\$) <i>\$ 50<sup>00</sup></i>
6 Contributor address; City; State; Zip Code <i>12424 Red Sun Dr El Paso TX 79938</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3-22-23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Karl McElhanev</i>	Amount of contribution (\$) <i>\$ 500<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>7141 Imperial Ridge El Paso, TX 79912</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3-22-23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Guillermo Valenzuela</i>	Amount of contribution (\$) <i>\$ 200<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>1629 Tonantzin El Paso, TX 79911</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Alonzo Mendoza</i>	Amount of contribution (\$) <i>\$ 25<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>1416 Pintoresco Drive El Paso, TX 79935</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>                  If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# 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 FILER NAME <i>Castro Garcia, Jose</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/23/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Aida Castro</i>	7 Amount of contribution (\$) <i>\$ 500<sup>00</sup></i>
6 Contributor address; City; State; Zip Code <i>721 A Smith El Paso TX 79932</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/23/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>J. Anne Bernal</i>	Amount of contribution (\$) <i>\$ 100<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>10651 Janway El Paso TX 79935</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lorena Hernandez</i>	Amount of contribution (\$) <i>\$ 15<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>7128 GranVida Drive El Paso, TX 79912</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Carlos Martinez</i>	Amount of contribution (\$) <i>\$ 100<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>8812 Basil Ct El Paso, TX 79925</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>                  If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		



# 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                        | 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.

<b>1</b> Total pages Schedule G:	<b>2</b> FILER NAME <i>Castro Garcia, Jario</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>3/8/23</i>	<b>5</b> Payee name <i>Regency</i>	
<b>6</b> Amount (\$) <i>289.25</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address: <i>2313 Puidras St.</i>	City: <i>El Paso</i> , State: <i>TX</i> , Zip Code: <i>79930</i>
<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	(b) Description <i>Campaign Literature</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <i>3-27-23</i>	Payee name <i>Ardovinos 2</i>	
Amount (\$) <i>371.72</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: <i>865 Kosler</i>	City: <i>El Paso</i> TX, Zip Code: <i>79912</i>
<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expense / Food/Beverage</i>	Description <i>Fundraiser</i>
	<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
Date <i>2-26-23</i>	Payee name <i>Rudy Davila</i>	
Amount (\$) <i>120.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: <i>1315 Ange St.</i>	City: <i>El Paso</i> TX, Zip Code: <i>79902</i>
<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>Photography for Campaign Lit.</i>
	<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