

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 AC
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: _____ FIRST: <u>Josefina</u> MI: <u>Idali</u> NICKNAME: <u>Josie</u> LAST: <u>Pastor Garcia</u> SUFFIX: _____	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: <u>6108 Camino Alegre</u> APT / SUITE #: _____ CITY: <u>El Paso, TX</u> STATE: _____ ZIP CODE: <u>79912</u>	Date Received 4/6/2023 ee	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: <u>(915)</u> PHONE NUMBER: <u>227-1025</u> EXTENSION: _____	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: <u>Mr</u> FIRST: <u>Carlos</u> MI: _____ NICKNAME: _____ LAST: <u>Leon</u> SUFFIX: _____	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): <u>1372 Gate Place</u> APT / SUITE #: _____ CITY: <u>El Paso, TX</u> STATE: _____ ZIP CODE: <u>79936</u>	Date Processed	Date Imaged 4/6/2023 ee
8 CAMPAIGN TREASURER PHONE	AREA CODE: <u>(915)</u> PHONE NUMBER: <u>526-8040</u> EXTENSION: _____		
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: <u>02/01/2023</u> THROUGH Month Day Year: <u>03/27/2023</u>		
11 ELECTION	ELECTION DATE: Month Day Year: <u>05/06/2023</u>	ELECTION TYPE: <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <u>EPISD Trustee, District 6</u>	
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> 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.		
	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	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

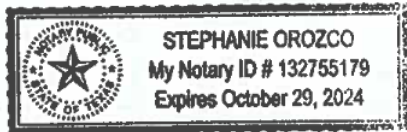
15 C/OH NAME <u>Castro Garcia, Josie</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>2,440.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>1486.59</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>953.41</u>
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.

[Handwritten Signature]
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 6th day of April, 2023 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**

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,440 ⁰⁰
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 <i>Castro Garcia, Josie</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/22/2023</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Norma De la Rosa</i>	7 Amount of contribution (\$) <i>\$ 100.00</i>
6 Contributor address; City; State; Zip Code <i>1531 Bert Green El Paso TX 79936</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/22/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Patricia Amezaga / Jaime Amezaga</i>	Amount of contribution (\$) <i>\$ 50⁰⁰</i>
Contributor address; City; State; Zip Code <i>10132 Trinidad Dr. El Paso TX 79925</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/21/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ross / Elvira Moore</i>	Amount of contribution (\$) <i>\$ 250⁰⁰</i>
Contributor address; City; State; Zip Code <i>6104 Pino Real Dr. El Paso TX 79912</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3-26-23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Christina Acosta</i>	Amount of contribution (\$) <i>\$ 200⁰⁰</i>
Contributor address; City; State; Zip Code <i>9327 Elgin Drive El Paso, TX 79907</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</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.

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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>\$ 25⁰⁰</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)

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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 Castro Garcia, Josie		3 Filer ID (Ethics Commission Filers)
4 Date 3-22-23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oscar Ugarte 6 Contributor address: City: State: Zip Code 7109 Ramada El Paso TX 79912	7 Amount of contribution (\$) \$ 75⁰⁰
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3-22-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lisa Schwenbrun Contributor address: City: State: Zip Code 6609 Camino Fuente El Paso, TX 79912	Amount of contribution (\$) \$ 50⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3-14-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oscar Ugarte Contributor address: City: State: Zip Code 7109 Ramada El Paso, TX 79912	Amount of contribution (\$) \$ 100⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniel Rollings Contributor address: City: State: Zip Code 6704 Boca Negra Pl Albuquerque NX 87120	Amount of contribution (\$) \$ 100⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME <i>Castro Garcia, Josie</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>\$ 50⁰⁰</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>\$ 500⁰⁰</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>\$ 200⁰⁰</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>\$ 25⁰⁰</i>
Contributor address; City; State; Zip Code <i>1416 Pintesresco Drive El Paso, TX 79935</i>		
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 <i>Castro Garcia, Josie</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>\$ 500⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>721 AlSmith 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>Jo Anne Bernal</i>	Amount of contribution (\$) <i>\$ 100⁰⁰</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>\$ 15⁰⁰</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>\$ 100⁰⁰</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)
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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 | Printing 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.

1 Total pages Schedule G:	2 FILER NAME <i>Castro Garcia, Jorio</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>3/8/23</i>	5 Payee name <i>Regency</i>	
6 Amount (\$) <i>289.25</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address: <i>2313 Puidras St.</i> City: <i>El Paso, TX</i> State: <i>TX</i> Zip Code: <i>79930</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	(b) Description <i>Campaign literature</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 <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 Rosler</i> City: <i>El Paso TX</i> State: <i>TX</i> Zip Code: <i>79912</i>	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expense / Food/Beverage</i>	Description <i>Fundraisers</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY 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>120⁰⁰</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: <i>1315 Ange St.</i> City: <i>El Paso TX</i> State: <i>TX</i> Zip Code: <i>79902</i>	
8 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED