

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:  <b>9</b>
3 CANDIDATE / OFFICEHOLDER NAME	<del>MS/MRS</del> / MR      FIRST      MI <div style="text-align: center; font-size: 1.2em;">DARRELL      F.</div> NICKNAME      LAST      SUFFIX <div style="text-align: center; font-size: 1.2em;">CASTILLO</div>		<b>OFFICE USE ONLY</b> Date Received  Date Hand-delivered or Postmarked  Receipt #      Amount  Date Processed  Date Imaged  <div style="font-size: 1.5em; transform: rotate(-90deg);">                     12 APR 12 PM 2:58                      RECEIVED - CSO                 </div>
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX;      APT / SUITE #;      CITY;      STATE;      ZIP CODE <div style="font-size: 1.2em;">1130 Baroncrest Drive Arlington TX 76017</div>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE      PHONE NUMBER      EXTENSION <div style="font-size: 1.2em;">(817) 313-7999</div>		
6 CAMPAIGN TREASURER NAME	<del>MS/MRS</del> / MR      FIRST      MI <div style="text-align: center; font-size: 1.2em;">Edward      J.</div> NICKNAME      LAST      SUFFIX <div style="text-align: center; font-size: 1.2em;">Lobb</div>		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;      CITY;      STATE;      ZIP CODE <div style="font-size: 1.2em;">4705 Stanley Kellen Rd. Haltom City TX 76117</div>		
8 CAMPAIGN TREASURER PHONE	AREA CODE      PHONE NUMBER      EXTENSION <div style="font-size: 1.2em;">(817) 822 5061      —</div>		
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 \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month      Day      Year      THROUGH      Month      Day      Year <div style="font-size: 1.2em;">03 / 3 / 2012      THROUGH      04 / 12 / 2012</div>		
11 ELECTION	ELECTION DATE      ELECTION TYPE Month      Day      Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <div style="font-size: 1.2em;">05 / 12 / 2012</div>		
12 OFFICE	OFFICE HELD (if any)  <div style="text-align: center; font-size: 1.5em;">—</div>	13 OFFICE SOUGHT (if known)  <div style="font-size: 1.2em;">Arlington City Council</div>	

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME

**DARRELL F. CASTILLO**

15 ACCOUNT # (Ethics Commission Filers)

16 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.

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

**N/A**

COMMITTEE ADDRESS

**N/A**

COMMITTEE CAMPAIGN TREASURER NAME

**N/A**

COMMITTEE CAMPAIGN TREASURER ADDRESS

**N/A**

additional pages

17 CONTRIBUTION  
TOTALS

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

\$ **- 0 -**

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ **3000.00**

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ **11.47**

4. TOTAL POLITICAL EXPENDITURES

\$ **2852.47**

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ **147.53**

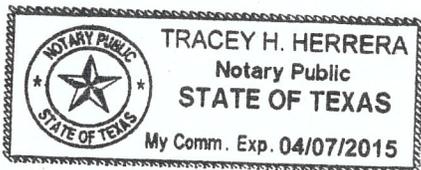
OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ **500.00**

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.



**Darrell F. Castillo**

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said **DARRELL F. CASTILLO**, this the **12<sup>th</sup>** day of **April**, 20 **12**, to certify which, witness my hand and seal of office.

**Tracey H. Herrera**

Signature of officer administering oath

**TRACEY H. HERRERA**

Printed name of officer administering oath

**NOTARY PUBLIC**

Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

1

2 FILER NAME

DARRELL F. CASTILLO

3 ACCOUNT # (Ethics Commission Filers)

4 Date

24/03/12

5 Full name of contributor

Richard + Deloris Bell

6 Contributor address; City; State; Zip Code

Arlington Texas

7 Amount of contribution (\$)

\$3000.00

8 In-kind contribution description (if applicable)

- 0 -

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

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.

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B: 1

2 FILER NAME

**DARRELL CASTILLO**

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES:    ⇨   ⇨   ⇨   ⇨   ⇨   ⇨

\$ 0

5 Date

6 Full name of pledgor     out-of-state PAC (ID#: \_\_\_\_\_)

8 Amount of pledge (\$)

9 In-kind description (if applicable)

7 Pledgor address;    City;   State;   Zip Code

**NONE**

(If travel outside of Texas, complete Schedule T)

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

Date

Full name of pledgor     out-of-state PAC (ID#: \_\_\_\_\_)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address;    City;   State;   Zip Code

**NONE**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor     out-of-state PAC (ID#: \_\_\_\_\_)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address;    City;   State;   Zip Code

**NONE**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor     out-of-state PAC (ID#: \_\_\_\_\_)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address;    City;   State;   Zip Code

**NONE**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor     out-of-state PAC (ID#: \_\_\_\_\_)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address;    City;   State;   Zip Code

**NONE**

(If travel outside of Texas, complete Schedule T)

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.

**LOANS**

**SCHEDULE E**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

1

2 FILER NAME

DARRELL F. CASTILLO

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$ - 0 -

5 Date of loan

02/03/12

7 Name of lender

Dannell F. Castillo

out-of-state PAC (ID# N/A)

9 Loan Amount (\$)

\$500.00

6 Is lender a financial Institution?

Y  N

8 Lender address; City; State; Zip Code

1130 Broncrest Drive  
Arlington TX 76017

10 Interest rate

- 0 -

11 Maturity date

N/A

12 Principal occupation / Job title (See Instructions)

College Professor

13 Employer (See Instructions)

Tarrant County College

14 Description of Collateral

none

15 Check if personal funds were deposited into political account

16 GUARANTOR INFORMATION

not applicable

17 Name of guarantor

N/A

18 Guarantor address; City; State; Zip Code

N/A

N/A

19 Amount Guaranteed (\$)

N/A

20 Principal Occupation (See Instructions)

N/A

21 Employer (See Instructions)

N/A

Date of loan

Name of lender

out-of-state PAC (ID#)

Loan Amount (\$)

Is lender a financial Institution?

Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

Check if personal funds were deposited into political account

GUARANTOR INFORMATION

not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed (\$)

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <b>2</b>		2 FILER NAME <b>DARRELL F. CASTILLO</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>10/03/2012</b>		5 Payee name <b>J.P. Morgan Chase Bank N/A</b>			
6 Amount (\$) <b>11.47</b>		7 Payee address; City; State; Zip Code <b>Central Arlington Branch #926 Arlington Texas</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>Accounting/Banking</b>		(b) Description (If travel outside of Texas, complete Schedule T) <b>Payment for Checks Order</b>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>13/03/2012</b>		Payee name <b>Dannell F. Castillo</b>			
Amount (\$) <b>450.00</b>		Payee address; City; State; Zip Code <b>1130 Baron Crest Drive Arlington TX 76017</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Reimbursement</b>		Description (If travel outside of Texas, complete Schedule T) <b>Reimbursement for Push Cords</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>26/03/2012</b>		Payee name <b>Dannell F. Castillo</b>			
Amount (\$) <b>632.00</b>		Payee address; City; State; Zip Code <b>1130 Baron Crest Dr. Arlington TX 76017</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Reimbursement</b>		Description (If travel outside of Texas, complete Schedule T) <b>Reimbursement for Fees, Printing</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>26/03/2012</b>		Payee name <b>Linh Vu</b>			
Amount (\$) <b>360.00</b>		Payee address; City; State; Zip Code <b>P.O. Box 190571 Dallas TX 75219</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Other</b>		Description (If travel outside of Texas, complete Schedule T) <b>Campaign Website Development</b>	
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

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: <b>2</b>	<b>2</b> FILER NAME <b>DARRELL E. CASTILLO</b>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date <b>30/03/2012</b>	<b>5</b> Payee name <b>Fernandez Consulting</b>	
<b>6</b> Amount (\$) <b>1,400.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>Arlington, Texas</b>	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <b>Campaign Sign Placement/Picker</b>
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held

Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held

Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held

Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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**

# PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

## SCHEDULE H

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule H: <u>1</u>	<b>2</b> FILER NAME <u>DARRELL CASTILLO</u>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date <u>12/04/2012</u>	<b>5</b> Business name <u>NONE</u>	
<b>6</b> Amount (\$) <u>-0-</u>	<b>7</b> Business address; City; State; Zip Code <u>N/A</u>	
<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <u>N/A</u>	(b) Description (If travel outside of Texas, complete Schedule T) <u>N/A</u>
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <u>N/A</u>	Business name <u>N/A</u>	
Amount (\$) <u>N/A</u>	Business address; City; State; Zip Code <u>N/A</u>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <u>N/A</u>	Description (If travel outside of Texas, complete Schedule T) <u>N/A</u>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <u>N/A</u>	Business name <u>N/A</u>	
Amount (\$) <u>N/A</u>	Business address; City; State; Zip Code <u>N/A</u>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <u>N/A</u>	Description (If travel outside of Texas, complete Schedule T) <u>N/A</u>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <u>N/A</u>	Business name <u>N/A</u>	
Amount (\$) <u>N/A</u>	Business address; City; State; Zip Code <u>N/A</u>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <u>N/A</u>	Description (If travel outside of Texas, complete Schedule T) <u>N/A</u>
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

# INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

## SCHEDULE K

The Instruction Guide explains how to complete this form.	1 Total pages Schedule K: <b>1</b>
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2 FILER NAME <b>DARRELL CASTILLO</b>	3 ACCOUNT # (Ethics Commission Filers)
---	--

4 Date <b>N/A</b>	5 Name of person from whom amount is received <b>N/A</b>	8 Amount (\$) <b>- 0 -</b>
	6 Address of person from whom amount is received; City; State; Zip Code <b>N/A</b>	
	7 Purpose for which amount is received <b>N/A</b>	

Date <b>N/A</b>	Name of person from whom amount is received <b>N/A</b>	Amount (\$) <b>N/A</b>
	Address of person from whom amount is received; City; State; Zip Code <b>N/A</b>	
	Purpose for which amount is received <b>N/A</b>	

Date <b>N/A</b>	Name of person from whom amount is received <b>N/A</b>	Amount (\$) <b>N/A</b>
	Address of person from whom amount is received; City; State; Zip Code <b>N/A</b>	
	Purpose for which amount is received <b>N/A</b>	

Date <b>N/A</b>	Name of person from whom amount is received <b>N/A</b>	Amount (\$) <b>N/A</b>
	Address of person from whom amount is received; City; State; Zip Code <b>N/A</b>	
	Purpose for which amount is received <b>N/A</b>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED