

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM JC/OH
COVER SHEET PG 1**

The JC/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: <div style="text-align: center; font-size: 2em;">4</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="checkbox"/> FIRST <div style="font-size: 1.5em; text-align: center;">Julian</div> NICKNAME LAST <div style="font-size: 1.5em; text-align: center;">Castañeda</div> SUFFIX	OFFICE USE ONLY Date Received <div style="text-align: center; font-size: 1.2em;">RECEIVED FEB 24 2014 10:53 AM E.O.</div> Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged	
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;">3620 Frontier Drive Edinburg TX 78539</div>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 1.2em;">(956) 393-8889</div>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="checkbox"/> FIRST <div style="font-size: 1.5em; text-align: center;">Melisa</div> NICKNAME LAST <div style="font-size: 1.5em; text-align: center;">Castañeda</div> SUFFIX	MI <div style="font-size: 1.5em; text-align: center;">I.</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;">3620 Frontier Drive Edinburg, TX 78539</div>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 1.2em;">(956) 624-5602</div>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input 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 checked="" 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;">01 / 24 / 14 THROUGH 02 / 22 / 14</div>		
11 ELECTION	ELECTION DATE Month Day Year <div style="font-size: 1.2em;">03 / 04 / 14</div>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <div style="font-size: 1.2em;">not applicable</div>	13 OFFICE SOUGHT (if known) <div style="font-size: 1.2em;">Judge of County Court at Law No. 8 in Hidalgo County, TX.</div>	

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**JUDICIAL CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM JC/OH
COVER SHEET PG 2**

14 C/OH NAME Julian Castañeda 15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

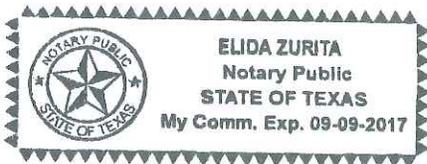
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		<u>not applicable</u>
		COMMITTEE ADDRESS
		<u>not applicable</u>
	COMMITTEE CAMPAIGN TREASURER NAME	<u>not applicable</u>
	COMMITTEE CAMPAIGN TREASURER ADDRESS	<u>not applicable</u>

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>0</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>858.40</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>10,000.60</u>

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.



Julian Castañeda
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Julian Castañeda, this the 24 day of February, 20 14, to certify which, witness my hand and seal of office.

Elida Zurita
Signature of officer administering oath

Elida Zurita
Print name of officer administering oath

Notary
Title of officer administering oath

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G: 1	2 FILER NAME Julian Castañeda	3 ACCOUNT # (Ethics Commission Filers)
4 Date 01/28/14	5 Payee name Home Depot	
6 Amount (\$) 832.44 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 409 North Jackson Ave. Pharr, TX 78577	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) Cable ties to hold posters together
	Date 02/04/14	Payee name Office Depot
Amount (\$) \$38.96 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 5115 North 10th Street McAllen, TX 78504	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Purchased poster ds and door hangers
	Date 02/21/14	Payee name The Monitor
Amount (\$) \$787.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1400 East Polana Ave. McAllen, TX 78504	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Paid for a print ad
	Date	Payee name not applicable
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code not applicable	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) not applicable	Description (If travel outside of Texas, complete Schedule T) not applicable

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

OUTSTANDING LOANS

SCHEDULE L

The Instruction Guide explains how to complete this form.

1 Total pages Schedule L: 1

2 FILER NAME

Julian Castañeda

3 ACCOUNT # (Ethics Commission Filers)

LENDER INFORMATION

4 Name of lender

Elizabeth Castillo

5 Lender address; City; State; Zip Code

P.O. Box 582 Edinburg, TX 78540

GUARANTOR INFORMATION

6 Name of guarantor

not applicable

7 Guarantor address; City; State; Zip Code

not applicable

not applicable

LENDER INFORMATION

Name of lender

not applicable

Lender address; City; State; Zip Code

not applicable

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

not applicable

not applicable

LENDER INFORMATION

Name of lender

not applicable

Lender address; City; State; Zip Code

not applicable

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

not applicable

not applicable

LENDER INFORMATION

Name of lender

not applicable

Lender address; City; State; Zip Code

not applicable

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

not applicable

not applicable

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED