

# 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>6</b>  |                                      |  |
| 3 CANDIDATE / OFFICEHOLDER NAME  | MS / <u>MRS</u> / MR  | FIRST <b>Catherine</b>  | MI <b>A.</b>   |                                      |  |
|  | NICKNAME  | LAST <b>Casteel</b>   | SUFFIX   |                                      |  |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX: <b>797 Hunters Glen</b>   |   |  |                                      |  |
|  | CITY: <b>Rockwall, TX</b> STATE: <b>TX</b> ZIP CODE: <b>75082</b>   |   |  |                                      |  |
| 5 CANDIDATE / OFFICEHOLDER PHONE   | AREA CODE   | PHONE NUMBER  | EXTENSION  |                                      |  |
|  | <b>(917)</b>  | <b>957-4581</b>   |  |                                      |  |
| 6 CAMPAIGN TREASURER NAME  | MS / MRS / <u>MR</u>  | FIRST <b>Gerald</b>   | MI <b>W.</b>   |                                      |  |
|  | NICKNAME  | LAST <b>Casteel</b>   | SUFFIX   |                                      |  |
| 7 CAMPAIGN TREASURER ADDRESS<br>(Residence or Business)                                  | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE   |   |  |                                      |  |
|  | <b>797 Hunters Glen Rockwall, TX 75082</b>  |   |  |                                      |  |
| 8 CAMPAIGN TREASURER PHONE   | AREA CODE   | PHONE NUMBER  | EXTENSION  |                                      |  |
|  | <b>(917)</b>  | <b>957-4580</b>   |  |                                      |  |
| 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 Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)  |   |  |                                      |  |
| 10 PERIOD COVERED  | Month      Day      Year      THROUGH      Month      Day      Year   |   |  |                                      |  |
|  | <b>04 / 03 / 2024</b>   |   |  | <b>04 / 23 / 2024</b>                |  |
| 11 ELECTION  | ELECTION DATE   |   | ELECTION TYPE  |                                      |  |
|  | Month      Day      Year  | <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)  |                                      |  |
|  |   |   |  | <b>Rockwall City Council Place 4</b> |  |
| 14 NOTICE FROM POLITICAL COMMITTEE(S)<br><br><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. |   |  |                                      |  |
|  | COMMITTEE TYPE  | COMMITTEE NAME  |  |                                      |  |
|  | <input type="checkbox"/> GENERAL  | COMMITTEE ADDRESS   |  |                                      |  |
|  | <input type="checkbox"/> SPECIFIC   | COMMITTEE CAMPAIGN TREASURER NAME   |  |                                      |  |
|  |   | COMMITTEE CAMPAIGN TREASURER ADDRESS  |  |                                      |  |

OFFICE USE ONLY

Date Received

RECEIVED

APR 23 2026

12:47 pm

BY: *K. Lague*

Date Hand-delivered or Date Postmarked  
**04/23/26**

Receipt #      Amount \$

Date Processed  
**04/23/26**

Date Imaged  
**04/23/26**

GO TO PAGE 2



# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

|   |   |  |
|---|---|--|
| 19 FILER NAME                             |   | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE |   | SUBTOTAL<br>AMOUNT                     |
| 1.  | <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$                                     |
| 2.  | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$                                     |
| 3.  | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$                                     |
| 4.  | <input checked="" type="checkbox"/> SCHEDULE E: LOANS   | \$                                     |
| 5.  | <input 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             | \$                                     |
| 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 | \$                                     |

**LOANS**

**SCHEDULE E**

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 E:<br><b>1</b>  |
| 2 FILER NAME<br><b>Catherine A. Casteel</b>  |   | 3 Filer ID (Ethics Commission Filers)  |
| 4 TOTAL OF UNITEMIZED LOANS  |   | \$   |
| 5 Date of loan   | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br><b>Catherine A. Casteel</b> | 9 Loan Amount (\$)   |
| 6 Is lender a financial Institution?<br><br>Y N                                    | 8 Lender address; City; State; Zip Code<br><b>797 Hunters Glen<br/>Rockwall, TX 75082</b>               | 10 Interest rate   |
|  |   | 11 Maturity date   |
| 12 Principal occupation / Job title (See Instructions)<br><b>Vice President</b>    |   | 13 Employer (See Instructions)<br><b>Political Candidate</b>   |
| 14 Description of Collateral<br><input checked="" type="checkbox"/> none           |   | 15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions) |
| 16 GUARANTOR INFORMATION<br><br><input checked="" type="checkbox"/> not applicable | 17 Name of guarantor  | 19 Amount Guaranteed (\$)  |
|  | 18 Guarantor address; City; State; Zip Code   |  |
| 20 Principal Occupation (See Instructions)   |   | 21 Employer (See Instructions)   |
| Date of loan   | Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )                                  | Loan Amount (\$)   |
| Is lender a financial Institution?<br><br>Y N                                      | Lender address; City; State; Zip Code   | Interest rate  |
|  |   | Maturity date  |
| Principal occupation / Job title (See Instructions)                                |   | Employer (See Instructions)  |
| Description of Collateral<br><input type="checkbox"/> none                         |   | <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)    |
| GUARANTOR INFORMATION<br><br><input type="checkbox"/> not applicable               | Name of guarantor   | Amount Guaranteed (\$)   |
|  | Guarantor address; City; State; Zip Code  |  |
| 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 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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
- The Instruction Guide explains how to complete this form.

|   |   |   |
|---|---|---|
| 1 Total pages Schedule G:   | 2 FILER NAME<br><i>Catherine A. Casteel</i>   | 3 Filer ID (Ethics Commission Filers)                     |
| 4 Date<br><i>4/3/2024</i>   | 5 Payee name<br><i>Valentire Direct Marketing LLC</i>   |   |
| 6 Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended<br><i>\$3,895.13</i> | 7 Payee address; City; State; Zip Code<br><i>14243 Proton Rd Farmers Branch TX 75244</i>  |   |
| 8 PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br><i>Advertising</i>  | (b) Description<br><i>Mailers</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<br><i>4/3/2024</i>   | Payee name<br><i>Valentire Direct Marketing LLC</i>   |   |
| Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended<br><i>\$833.53</i>     | Payee address; City; State; Zip Code<br><i>14243 Proton Rd Farmers Branch TX 75244</i>  |   |
| PURPOSE OF EXPENDITURE  | Category (See Categories listed at the top of this schedule)<br><i>Advertising</i>  | Description<br><i>Rockwall Voters List</i>                |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense     |   |
| Candidate / Officeholder name Office sought Office held   |   |   |
| Complete ONLY if direct expenditure to benefit C/OH   |   |   |
| Date<br><i>04/09/2024</i>   | Payee name<br><i>Tiff's Treats</i>  |   |
| Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended<br><i>\$60.00</i>      | Payee address; City; State; Zip Code<br><i>2071 Summer Lee Rockwall TX 75082</i>  |   |
| PURPOSE OF EXPENDITURE  | Category (See Categories listed at the top of this schedule)<br><i>Advertising/Event</i>  | Description<br><i>Rockwall city council Event - Forum</i> |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense     |   |
| Candidate / Officeholder name Office sought Office held   |   |   |
| Complete ONLY if direct expenditure to benefit C/OH   |   |   |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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<br><i>Catherine A. Casteel</i>   | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Date<br><i>04/16/2026</i>  | <b>5</b> Payee name<br><i>Valentire Direct Marketing LLC</i>   |  |
| <b>6</b> Amount (\$)<br><i>\$3,191.51</i><br><input type="checkbox"/> Reimbursement from political contributions intended | <b>7</b> Payee address; City; State; Zip Code<br><i>14243 Proton Rd Farmers Branch TX 75044</i>  |  |
| <b>8</b> PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br><i>Advertising</i>  | <b>(b)</b> Description<br><i>Mailers</i>     |
|   | <b>(c)</b> <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<br><i>04/20/2026</i>   | Payee name<br><i>Q Ball Design</i>   |  |
| Amount (\$)<br><i>\$2,002.63</i><br><input type="checkbox"/> Reimbursement from political contributions intended          | Payee address; City; State; Zip Code<br><i>102 N Tyler St Rockwall TX 75087</i>  |  |
| <b>PURPOSE OF EXPENDITURE</b>   | Category (See Categories listed at the top of this schedule)<br><i>Advertising</i>   | Description<br><i>Logo / Mailer / Design</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<br><i>04/23/2026</i>   | Payee name<br><i>Painter Communications</i>  |  |
| Amount (\$)<br><i>\$437.60</i><br><input type="checkbox"/> Reimbursement from political contributions intended            | Payee address; City; State; Zip Code<br><i>3672 Bayview Rd miami FL 33133</i>  |  |
| <b>PURPOSE OF EXPENDITURE</b>   | Category (See Categories listed at the top of this schedule)<br><i>Advertising</i>   | Description                                  |
|   | <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