PAGE 1 / 1

48-HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

Casto for Congress ADDRESS (number and street) PO Box 544 CITY STATE 78292 S. Antonio S. OFFICE SOUGHT (State and Detrict) Castro, Joaquín, , , House TX 20 S. ISTHIS AN AMENDMENT? NO, THIS IS A NEW FILING YES, IT AMENOS THE NOTICE FILED ON /	ADDRESS (number and street) PO CITY San Antonio 2. NAME OF CANDIDATE Castro, Joaquin, , , 5. IS THIS AN AMENDMENT? A. FULL NAME National Association Of Lette MAILING ADDRESS 100 Indiana Ave NW CITY
CITY STATE ZIP CODE 2. NAME OF CANDIDATE 3. OFFICE SOUGHT (State and District) 4. FEC IDENTIFICATION NUMBER Castro, Joaquin, , , 3. OFFICE SOUGHT (State and District) 4. FEC IDENTIFICATION NUMBER Castro, Joaquin, , , X 20 5. IS THIS AN AMENDMENT? No, THIS IS A NEW FILING YES, IT AMENDS THE NOTICE FILED ON // A. FULL NAME Name of Employer Date (month, day, year) Amount National Association Of Letter Carriers Of USA Political Fund Name of Employer Date (month, day, year) Amount MALLING ADDRESS 00/01/2024 100 03/01/2024 100 TY STATE ZIP CODE Occupation Date (month, day, year) Amount MALLING ADDRESS Office Zip CODE Occupation Date (month, day, year) Amount MALING ADDRESS Office Zip CODE Occupation Date (month, day, year) Amount MALING ADDRESS Office Zip CODE Occupation Date (month, day, year) Amount MALING ADDRESS Office Zip CODE Occupation Date (month, day, year) Amount OTY STATE Zip CODE Occupation Date (month, day, year) Amount	CITY San Antonio 2. NAME OF CANDIDATE Castro, Joaquin, , , 5. ISTHIS AN AMENDMENT? A. FULL NAME National Association Of Lette MAILING ADDRESS 100 Indiana Ave NW CITY
San Antonio TX 78292 2. NAME OF CANDIDATE Castro, Joaquin, , , 3. OFFICE SOUGHT (State and District) House 4. FEC IDENTIFICATION NUMBER C00497933 5. IS THIS AN AMENDMENT? No. THIS IS A NEW FILING YES, IT AMENDS THE NOTICE FILED ON /	San Antonio 2. NAME OF CANDIDATE Castro, Joaquin, , , 5. ISTHIS AN AMENDMENT? A. FULL NAME National Association Of Lettee MAILING ADDRESS 100 Indiana Ave NW CITY
2. NAME OF CANDIDATE 3. OFFICE SOUGHT (State and District) 4. FEC IDENTIFICATION NUMBER Castro, Joaquin, , , House TX 20 5. ISTHIS AN AMENDMENT? No, THIS IS A NEW FILING YES, IT AMENDS THE NOTICE FILED ON /	2. NAME OF CANDIDATE Castro, Joaquin, , , 5. IS THIS AN AMENDMENT? A. FULL NAME National Association Of Letter MAILING ADDRESS 100 Indiana Ave NW CITY
Castro, Joaquin, , , House TX 20 C00497933 5. IS THIS AN AMENDMENT? No, THIS IS A NEW FILING YES, IT AMENDS THE NOTICE FILED ON // A.FULL NAME Name of Employer Date (month, day, year) Amount MAILING ADDRESS 0001-2143 Occupation 03/01/2024 100 B.FULL NAME DC 20001-2143 Name of Employer Date (month, day, year) Amount MAILING ADDRESS DC 20001-2143 Occupation Amount Amount B.FULL NAME Name of Employer Date (month, day, year) Amount Amount MAILING ADDRESS Occupation Date (month, day, year) Amount Amount MAILING ADDRESS Occupation Date (month, day, year) Amount Amount MAILING ADDRESS Occupation Occupation Amount Date (month, day, year) Amount MAILING ADDRESS Occupation Occupation Occupation Date (month, day, year) Amount MAILING ADDRESS Occupation Name of Employer Date (month, day, year) Amount MAILING ADDRESS Occu	Castro, Joaquin, , , 5. ISTHIS AN AMENDMENT? A. FULL NAME National Association Of Letter MAILING ADDRESS 100 Indiana Ave NW CITY
5. ISTHIS AN AMENDMENT? NO, THIS IS A NEW FILING YES, IT AMENDS THE NOTICE FILED ON // A. FULL NAME Name of Employer Date (month, day, year) Amount MAILING ADDRESS 03/01/2024 100 100 Indiana Ave NW Transaction ID : 13404749 03/01/2024 100 CITY STATE ZIP CODE Occupation Date (month, day, year) Amount B. FULL NAME Name of Employer Date (month, day, year) Amount Amount MAILING ADDRESS IDC 20001-2143 Occupation Date (month, day, year) Amount B. FULL NAME Name of Employer Date (month, day, year) Amount Amount MAILING ADDRESS IIP CODE Occupation Date (month, day, year) Amount MAILING ADDRESS IIP CODE Occupation Date (month, day, year) Amount MAILING ADDRESS IIP CODE Occupation Date (month, day, year) Amount IVIL NAME Name of Employer Date (month, day, year) Amount DET STATE ZIP CODE Occupation Date (month, day, year) IIP COMOUNT	5. IS THIS AN AMENDMENT?
A. FULL NAME Name Name of Employer Date (month, day, year) Amount MaiLing ADDRESS 100 Indiana Ave NW Transaction ID : 13404749 03/01/2024 100 CITY STATE ZIP CODE Occupation Date (month, day, year) Amount B. FULL NAME Name of Employer Date (month, day, year) Amount MAILING ADDRESS DC 20001-2143 Date (month, day, year) Amount MAILING ADDRESS CITY STATE ZIP CODE Occupation Date (month, day, year) Amount MAILING ADDRESS CITY STATE ZIP CODE Occupation Date (month, day, year) Amount MAILING ADDRESS CITY STATE ZIP CODE Occupation Date (month, day, year) Amount MAILING ADDRESS CITY STATE ZIP CODE Occupation Date (month, day, year) Amount MAILING ADDRESS CITY STATE ZIP CODE Occupation Date (month, day, year) Amount MAILING ADDRESS CITY STATE ZIP CODE Occupation Date (month, day, year) Amount D. FULL NAME Name of Employer Date (month, day, year) Amount Amount	A. FULL NAME National Association Of Lette MAILING ADDRESS 100 Indiana Ave NW CITY
National Association Of Letter Carriers Of USA Political Fund Intervention of any poly of any po	National Association Of Lette MAILING ADDRESS 100 Indiana Ave NW
100 Indiana Ave NW Transaction ID : 13404749 CITY STATE ZIP CODE Occupation Washington DC 20001-2143 Date (month, day, year) B. FULL NAME Name of Employer Date (month, day, year) Amount MAILING ADDRESS CITY STATE ZIP CODE Occupation C. FULL NAME Name of Employer Date (month, day, year) Amount C. FULL NAME Name of Employer Date (month, day, year) Amount MAILING ADDRESS CITY STATE ZIP CODE Occupation C. FULL NAME STATE ZIP CODE Occupation Date (month, day, year) MAILING ADDRESS STATE ZIP CODE Occupation Date (month, day, year) D.FULL NAME Name of Employer Date (month, day, year) Amount	100 Indiana Ave NW
Transaction ID : 13404/49 CITY STATE ZIP CODE Occupation Washington DC 20001-2143 Date (month, day, year) B. FULL NAME Name of Employer Date (month, day, year) Amount MAILING ADDRESS CITY STATE ZIP CODE Occupation C. FULL NAME Name of Employer Date (month, day, year) Amount C. FULL NAME Name of Employer Date (month, day, year) Amount MAILING ADDRESS CITY STATE ZIP CODE Occupation C. FULL NAME Name of Employer Date (month, day, year) Amount MAILING ADDRESS CITY STATE ZIP CODE Occupation D. FULL NAME Name of Employer Date (month, day, year) Amount	СІТҮ
Washington DC 20001-2143 B. FULL NAME Name of Employer Date (month, day, year) MAILING ADDRESS Image: Citry of the state of the	
B. FULL NAME MAILING ADDRESS CITY STATE ZIP CODE Occupation C. FULL NAME MAILING ADDRESS CITY STATE ZIP CODE Occupation Date (month, day, year) Amount day, year) Amount day, year) Amount D. FULL NAME Date (month, day, year) Amount Amount Amount D. FULL NAME Name of Employer Date (month, day, year) Amount Amou	Machington
MAILING ADDRESS CITY STATE ZIP CODE Occupation Date (month, day, year) C. FULL NAME Name of Employer Date (month, day, year) Amount MAILING ADDRESS CITY STATE ZIP CODE Occupation D. FULL NAME Name of Employer Date (month, day, year) Amount	washington
CITY STATE ZIP CODE Occupation C. FULL NAME Name of Employer Date (month, day, year) Amount MAILING ADDRESS ITY STATE ZIP CODE Occupation D. FULL NAME Name of Employer Date (month, day, year) Amount	B. FULL NAME
C. FULL NAME Name of Employer Date (month, day, year) Amount MAILING ADDRESS CITY STATE ZIP CODE Occupation D. FULL NAME Name of Employer Date (month, day, year) Amount	MAILING ADDRESS
MAILING ADDRESS CITY STATE ZIP CODE Occupation D. FULL NAME Name of Employer Date (month, Amount	CITY
CITY STATE ZIP CODE Occupation D. FULL NAME Name of Employer Date (month, Amount	C. FULL NAME
D. FULL NAME Name of Employer Date (month, Amount	MAILING ADDRESS
	СІТҮ
	D. FULL NAME
MAILING ADDRESS	MAILING ADDRESS
CITY STATE ZIP CODE Occupation	CITY
E. FULL NAME Name of Employer Date (month, day, year) Amount	E. FULL NAME
MAILING ADDRESS	MAILING ADDRESS
CITY STATE ZIP CODE Occupation	СІТҮ
SIGNATURE (optional) DATE	
Guzman, Ana M. 'Cha', , Dr., 03/03/2024 For further information, contact the Federal Election Commissi at 800-424-9530 or visit www.fec.gov	SIGNATURE (optional)

Any information copied from reports and statements filed under the Federal Election Campaign Act may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes other than using the name and address of any political committee to solicit contributions from such committee.

