AO-10T
Rev. 01/2023

FINANCIAL DISCLOSURE
PERIODIC TRANSACTION REPORT

Report Required by the Ethics in Government Act of 1978 (5 U.S.C. app. §§ 101-111)

*1. First Name	*2. Middle Initial	*3. Last Name	4. Suffix
P. Kevin		Castel	
*5. Title	*6. District/Court/Unit		*7. Circuit
U.S. District Judge (Senior)	NEW YORK SOUTHERN		02
8. Report Type	9. Calendar Year	*10. Date Filed	☐ 11. Check box if amending prior report and enter date of prior submission.
Periodic Transaction Report	2023	08/02/2023	
*12. Date of First Transaction on this Report		*13. Date of Last Transaction on this Report	
07/01/2023		07/31/2023	

TRANSACTIONS

Any purchase, sale, or exchange that exceeds $1,000 in stocks, bonds, commodities futures, and other securities (Includes those of spouse and dependent children)

A. Description of Assets	B. Transaction Type	C. Date of Transaction	D. Date Notified of Transaction	E. Amount of Transaction
1. NEW JERSEY HEALTH CARE FACS FING AUTH REV REF-A 5/23	Redeemed	07/03/2023	08/02/2023	$15,001 - $50,000
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TRANSACTIONS *Any purchase, sale, or exchange that exceeds $1,000 in stocks, bonds, commodities futures, and other securities (Includes those of spouse and dependent children)*

First Name P. Kevin	Middle Initial	Last Name Castel	Suffix

A. Description of Assets	B. Transaction Type	C. Date of Transaction	D. Date Notified of Transaction	E. Amount of Transaction
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TRANSACTIONS *Any purchase, sale, or exchange that exceeds $1,000 in stocks, bonds, commodities futures, and other securities (Includes those of spouse and dependent children).*

First Name P. Kevin	Middle Initial	Last Name Castel	Suffix

A. Description of Assets	B. Transaction Type	C. Date of Transaction	D. Date Notified of Transaction	E. Amount of Transaction
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TRANSACTIONS *Any purchase, sale, or exchange that exceeds $1,000 in stocks, bonds, commodities futures, and other securities (Includes those of spouse and dependent children).*

First Name P. Kevin	Middle Initial	Last Name Castel	Suffix

A. Description of Assets	B. Transaction Type	C. Date of Transaction	D. Date Notified of Transaction	E. Amount of Transaction
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First Name P. Kevin	Middle Initial	Last name Castel	Suffix

ADDITIONAL INFORMATION OR EXPLANATIONS

CERTIFICATION.
I certify that all information given above (including information pertaining to my spouse and minor or dependent children, if any) is accurate, true, and complete to the best of my knowledge and belief, and that any information not reported was withheld because it met applicable statutory provisions permitting non-disclosure.

NOTE: ANY INDIVIDUAL WHO KNOWINGLY AND WILLFULLY FALSIFIES OR FAILS TO FILE THIS REPORT MAY BE SUBJECT TO CIVIL AND CRIMINAL SANCTIONS (5 U.S.C. app. § 104)

**SIGNATURE:*

s/ P. Kevin Castel

Committee on Financial Disclosure
Administrative Office of the United States Courts
Suite G-330
One Columbus Circle, N.E.
Washington, D.C. 20544