Pedro Delgadillo

	TE / OFFICEHOLDER N FINANCE REPORT	FORM C/OH COVER SHEET PG 1	
The C/OH Instruction (2 Total pages filed:		
3 CANDIDATE/ OFFICEHOLDER	MS/MRS/MR FIRST MI	OFFICE USE ONLY	
NAME	NICKNAME PEDROLAST SUFFIX Dela dil lo	Date Received CAMERON COUNTY DEPARTMENT OF ELECTIONS & VOTER REGISTRATION	
4 CANDIDATE/ OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	JAN 1 7 2017	
Change of Address	PO BOX 899 PORT ISAbel TX 78578		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 832-3216	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER	MS / MRS / MR	Recelpt # Amount \$	
NAME	NICKNAME LAST SUFFIX	Date Processed	
	Hinojosa	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE;	ZIP CODE	
(Residence or Business)		Mushe	
	1013 Ebony St. Lagura Vista TX AREA CODE PHONE NUMBER EXTENSION	18518	
8 CAMPAIGN TREASURER PHONE	(956) 943-140		
9 REPORT TYPE	January 15 30th day before election Runoff	15th day after campaign treasurer appointment (Officeholder Only)	
	July 15 8th day before election Exceeded \$500 limit	Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year Month 7 / 10 / 16 THROUGH 12/	Day Year	
11 ELECTION	ELECTION DATE ELECTION TYPE	大学を基準を含むない。 ・ 新聞の基準化 ・ 大学	
٠.	Month Day Year Primary Runoff Other Description General Special	ST STATE COLUMN	
12 OFFICE	OFFICE HELD (if any) 13 OFFICE SOUGHT (if known)	
	Cameron County Constrable Pet-1		
	Constrable Pet-1		
	GO TO PAGE 2		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME		1	5 Filer ID (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	COMMITTEE NAME				
	GENERAL					
	SPECIFIC					
· .						
-		COMMITTEE CAMPAIGN TREASURER NAME				
Additional Pages						
		COMMITTEE CAMPAIGN TREASURER ADDRESS				
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ				
	1	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0			
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, SITEMIZED	. \$ 0			
, , , , , , , , , , , , , , , , , , , ,	4. TOTAL	POLITICAL EXPENDITURES	\$ 705 82			
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST PORTING PERIOD	\$ 338 ^{,76}			
OUTSTANDING LOAN TOTALS	6. TOTAL F LAST D.	* O				
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. DA G. RIVERA MY COMMISSION EXPIRES June 4, 2018 Signature of Candidate or Officeholder						
Sworn to and subscribed before me, by the said Placo Degadillo, this the						
day of Jun , 20 17 , to certify which, witness my hand and seal of office.						
lda Skueis Ida G. River notary public - Cameran Co						
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath						

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made By	Food/Beverage Expense Gift/Awards/Memorials Expense	Politing Expense Printing Expense	Travel In District 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.						
1 Total pages Schedule F1:	Perro Delgadillo		3 Filer ID (Ethics Commission Filers)			
4 Date 10-5-16	PORT TSALDEL PYES	5 5				
6 Amount (\$)	7 Payee address; City; State;					
\$ 23100	101 E. MAXAN ST. 1		VAS 78578			
8	(a) Category (See Categories listed at the top of this	1 1 1	outside of Texas. Complete Schedule T.			
PURPOSE OF	·		in, TX, officeholder living expense			
EXPENDITURE						
,	Advestising Expense					
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
10-31-16	THE ALEX AVALOS		npany			
Amount (\$)	Payee address; City; State;	Zip Code	(
4125 .00	5009 Padre Blud	STE 14 South F	ledre Island Tx 78597			
	Category (See Categories listed at the top of this					
PURPOSE OF EXPENDITURE			outside of Texas. Complete Schedule T. in, TX, officeholder living expense			
EXPENDITURE	iA-A-a-la- i i i i i i i i i i		•			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
11-3-16	PORT ISAbel Pres	£				
Amount (\$)	Payee address; City; State;	Zip Code				
\$ 64.00	101 E. MAYAN St.	PORT ISAbel	Tx 78578			
DISPACE	Category (See Categories listed at the top of this	 - 1	outside of Texas. Complete Schedule T.			
PURPOSE OF EXPENDITURE			in, TX, officeholder living expense			
	Advetising Expense	Office sought	Office held			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Onice rigid			
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH CAMERON COMP CONSTABLE PCF ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						
AT INCHADDITIONAL COLLEGION THIS SOURD OF THE STEEDER						

LOANS			
Th	ne Instruction Guide explains how to co	mplete this form.	1 Total pages Schedule E:
FILER NAME	Ala		3 Filer ID (Ethics Commission Filer
TOTAL OF U	INITEMIZED LOANS		\$
Date of loan	7 Name of lender out-of-sta	ate PAC (ID#:)	9 Loan Amount (\$)
Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
Y N			11 Maturity date
Principal occupa	tion / Job title (See Instructions)	13 Employer (See Instructions)	
Description of Co	ollateral	15 Check if personal funds wer	re deposited into political
none		account (See Instructions)	
	17 Name of guarantor	account (See Instructions)	19 Amount Guaranteed (\$)
GUARANTOR	18 Guarantor address; City;	account (See Instructions)	19 Amount Guaranteed (\$)
GUARANTOR INFORMATION Interpolation	18 Guarantor address; City;	account (See Instructions)	19 Amount Guaranteed (\$)
GUARANTOR INFORMATION not applicable	18 Guarantor address; City;	account (See Instructions) State; Zip Code	19 Amount Guaranteed (\$) Loan Amount (\$)
GUARANTOR INFORMATION not applicable Principal Occupa Date of loan Is lender a financial	18 Guarantor address; City;	account (See Instructions) State; Zip Code 21 Employer (See Instructions)	
GUARANTOR INFORMATION not applicable Principal Occupa Date of loan Is lender	18 Guarantor address; City; ation (See Instructions) Name of lender ut-of-stat	account (See Instructions) State; Zip Code 21 Employer (See Instructions)	Loan Amount (\$)
GUARANTOR INFORMATION not applicable Principal Occupa Date of loan Is lender a financial Institution? Y N	18 Guarantor address; City; ation (See Instructions) Name of lender ut-of-stat	account (See Instructions) State; Zip Code 21 Employer (See Instructions)	Loan Amount (\$)
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Forms provided by Texas Ethics Commission

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

		EXPENDIT	URE CATEG	ORIES FOR	3 BOX 8(a)	,	•
Advertising Expense Accounting/Banking Consulting Expense		Event Expense Fees Food/Beverage Exper		Office Overhea Polling Expens		Travel In District	uipment & Related Expense
Contributions/Donations Made By Candidate/Officeholder/Politica	y il Committee	Gift/Awards/Memoria Legal Services	ls Expense	Printing Expensions Salaries/Wages	se s/Contract Labor	Travel Out Of Dis Other (enter a cal	trict egory not listed above)
Credit Card Payment		The Instruction	Guide explain			•	
						3 Filor ID (Fi	ilos Commission Filers)
1 Total pages Schedule F1:	2 FILER N	ed to Be	laadi	D		3 File 10 (Cli	nea Commission Fileray
4 Date 11-7-16	5 Payee na	ime F.B.		· · · .	· ·		
6 Amount (\$)	7 Payee ac	ldress; City	y; State; Zi	p Code	•		
\$46.47	1634	Huy 10	DO POR	I IS	abel T	<u>)</u> 78578	
8	(a) Category	(See Categories listed	at the top of this so	chedule) (b	o) Description		<u>.</u>
PURPOSE		•				outside of Texas. Comple	•
OF EXPENDITURE	-	16 mlas 1	Pakins		Check if Aust	tin, TX, officeholder liv	ing expense
EXPENDITURE	D.	(/Wartie/			-		•
·	Dreve	(huater)	(pense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candid	ate / Officeholder r	name		Office sought		Office held
Date	Payee na	ıme				-	
11-7-16	Wa	1- MAR	t				
Amount (\$)	Payee ad	idress; City	y; State; Zi	p Code			•
#127 35	1401	14m 100	PORT	TSAL	10 L TX 7	18578	
	Category	(See Categories listed:	at the top of this so	chedule)	Description		
PURPOSE					Check if travel o	outside of Texas. Comple	e Schedule T.
OF			e 1		Check if Austi	in, TX, officeholder liv	ng expense
EXPENDITURE							
•	FEE	S / Chaire	TANT				
Complete ONLY if direct expenditure to benefit C/OI-		ate / Officeholder n	ame		Office sought		Office held
	Berroon	amo :					
Date	Payee na						
11-9-16	PORT	- Isabei	Press			· · · · · · · · · · · · · · · · · · ·	
Amount (\$)	Payee ac	ddress; City	y; State; Zi	p Code			
\$112.00	101 0	E. MAYAU	U 5/	PORT	Isabel	TX 78	528
	Category	(See Categories listed	at the top of this s	chedule)	Description		
PURPOSE					Check if travel of	outside of Texas, Comple	e Schedule T.
OF EXPENDITURE				· ·	Check if Aust	in, TX, officeholder liv	ng expense
EVLTIADITOLE	Δ.Δ	alam P	YND OIK	,			
Otat- ONLY II II II	Candid	ate / Office holder	name	<u> </u>	Office sought		Office held
Complete ONLY if direct expenditure to benefit C/OH		ate / Omcerioidel	, and		C,o bought		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							