PEDRO DELGADILLO

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:			
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST Padro	MI	OFFICE USE ONLY			
WANT	nickname Last Delga dillo	SUFFIX	Date Received CAMERON COUNTY DEPARTMENT OF ELECTIONS & VOTER REGISTRATION			
4 CANDIDATE/ OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP CODE	JUL 1 5 2019 RECEIVED			
Change of Address	PO BOX 899 PORT	ISAKOL TX 78578	(c) § 6 <u>(2) (1) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2</u>			
5 CANDIDATE/ OFFICEHOLDER PHONE	956 943-5106	EXTENSION	Date Hand-delivered or Date Postmarked			
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST	MI	Receipt # Amount \$			
NAME	Richard Last	, , ,	Date Processed			
	Hinoxo sa		Date Imaged			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SL		ZIP CODE			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (956) 943-1410	EXTENSION	<i>p</i> - 100 (0			
9 REPORT TYPE	January 15 30th day before elected July 15 8th day before elected		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)			
0 PERIOD COVERED	Month Day Year	THROUGH	Day Year			
1 ELECTION	ELECTION DATE Month Day Year Primary General	Runoff Other Description Special				
2 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)				
	Donstable Patt					
GO TO PAGE 2						

21,44 pm

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME		15	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					
* · · · · · · · · · · · · · · · · · · ·		COMMITTEE ADDRESS				
	SPECIFIC					
		COMMITTEE CAMPAIGN TREASURER NAME				
Additional Pages						
		COMMITTEE CAMPAIGN TREASURER ADDRESS				
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN SS, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$			
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$			
EXPENDITURE TOTALS	3. TOTAL F UNLESS	\$				
	4. TOTAL	\$ 189.45				
CONTRIBUTION BALANCE	5. TOTAL F OF REP	\$ 189.45 * \$ 149.25				
OUTSTANDING LOAN TOTALS	6. TOTAL F LAST DA					
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. Notary Public, State of Texas Comm. Expires 06-04-2022 Notary ID 1855282 Signature of Candidate or Officeholder						
AFFIX NOTARY STAMP/SEALABOVE						
Sworn to and subscribed before me, by the said Telan Deland III , this the						
day of <u>huy</u> , 20 19, to certify which, witness my hand and seal of office.						
Ida Stucia Ida G. Rivera notary public.						
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 Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic Credit Card Payment	Fees Food By Gift/ cal Committee Legs	l/Beverage Expense Awards/Memorials Expense al Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ins how to complete this form.	Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F1	2 FILER NAME Pedia	o Delgacill	U	3 Filer ID (Ethics Commission Filers)		
4 Date 5 16 19 6 Amount (\$)	5 Payee name Ouco 7 Payee address	n Graphics	Zip Code			
£75.78		S. Padre Islan		pus Christ 1 1278418		
8 PURPOSE OF EXPENDITURE	(a) Category (See	Categories listed at the top of this	schedule) (b) Description Check if travel of	outside of Texas. Complete Schedule T. n, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/O		<u>NG ←ΛΡΕΙΝSE</u> Officeholder name	Office sought	Office held		
Date	Payee name					
lo 13 19 Amount (\$)	Tou Co	City; State; z	S Zip Code			
# 43 30	1 \$		and DR. UNITHY	1 Corpus Christia nelli		
PURPOSE OF EXPENDITURE	Adderis Lyne	categories listed at the top of this s	Check if Austin	rtside of Texas. Complete Schedule T. , TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate +	Officeholder name	Office sought	Office held		
Date	Payee name					
b 128 19	Touca)			
\$ 16.24	Payee address	5 As	and DR. Unit	Corpus Christi To 7841B		
PURPOSE OF EXPENDITURE		ategories listed at the top of this s	chedule) Description Check if travel ou	iside of Texas. Complete Schedule T, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / C	officeholder name	Office sought	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense

Consulting Expense

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District

Contributions/Donations Made By
Candidate/Officeholder/Political Committee 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: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Delgadillo 4 Date 5 Payee name 7-12-19 Toucan Graphics 6 Amount (\$) 7 Payee address; City; State; Zip Code \$ 54.13 14725 S. Padre Island De ton: + #4 Corpus Christ to 78418 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** BYDENG Candidate / Officeholder name Office sought 9 Complete ONLY if direct Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED