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 MI Pedro NICKNAME SUFFIX	OFFICE USE ONLY Date Received CAMERON COUNTY DEPARTMENT OF ELECTION
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT ABUITE #; CITY; STATE; ZIP CODE	VOTER REGISTRATION JAN 15 2020
Change of Address 5 CANDIDATE/ OFFICEHOLDER PHONE	PO BOX 899 PORT ISABEL TH 78578 AREA CODE PHONE NUMBER EXTENSION (956) 943-5106	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MI	Receipt # Amount \$ Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE;	ZIP CODE
,	INIZ Floory L. Lagran Victo TV	78576
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 943-1410	185 (8)
9 REPORT TYPE	July 15 30th day before election Runoff Bth day before election Exceeded \$500 limit	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year Month 7 / 1 / 19 THROUGH 12 /	Day Year 31 / 19
11 ELECTION	ELECTION DATE Month Day Year Primary Runoff Other Description 3 / 3 / 20 General Special	
12 OFFICE	OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) Constable	Pet-1
	GO TO PAGE 2	

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					
		<u></u>					
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE					
	2. TOTAL (OTHER	\$ 2.760 00					
EXPENDITURE TOTALS	3. TOTAL F UNLESS	\$ - 0 -					
	\$3005 ⁹⁴						
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY S 149 25						
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH Y OF THE REPORTING PERIOD	\$ - 0 -				
18 AFFIDAVIT							
JUE	DITH CAMPOS IOTARY PUBLIC State of Texas Comm Exp. 10017020 ID: 13052377-1	I swear, or affirm, under penalty of per true and correct and includes all informunder little 15, Election Code. Signature of Candid	nation required to be reported by me				
AFFIX NOTARY STAME	/SEALABOVE						
		Pada D.D. 111-	15th				
Sworn to and subscri	\sim	y the said FECTO DILGQ d.110 o certify which, witness my hand and seal of office.	, this the				
Rouge	1 Con	DD Judan Compos	NOTARY				
Signature of officer ac	lministering oath	Printed name of officer administering oath	Title of officer administering oath				

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	9 FILER NAME 20 Filer ID (Ethics Con					
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE					
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$2760°°				
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$				
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$				
4.	SCHEDULE E: LOANS	\$				
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$3,005 94				
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$				
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$				
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$				
9,	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$				
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$				
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$				
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$				

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Pedro Delgadillo 5 Full name of contributor ____ out-of-state PAC (ID#:_____ 4 Date 7 Amount of contribution (\$) Manuel REYES 6 Contributor address; City; State; Zip Code 7 | 25/19 716 Huy 100 PORT TSABEL TO 78578 \$ 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) DUNER Full name of contributor out-of-state PAC (iD#:__ Date Amount of contribution (\$) Contributor address; City; State; Zip Code 30 19 PO BOX 1423 San Bent to TX 78586 \$ DWHER Full name of contributor ____ out-of-state PAC (ID#:__ Date Amount of contribution (\$) 7-19 Sol Hayloo Lagura / leights TX 78578 \$ 50 Principal occupation / Job title (See Instructions) Employer (See Instructions) かいとうと Date Full name of contributor out-of-state PAC (ID#:_____ Amount of contribution (\$) Contributor address; City; State; Zip Code 71-19 6200 South Radre Blvd S.P.I.TX78591 & Principal occupation / Job title (See Instructions) | Employer (See Instructions) DUNK ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Full name of contributor out-of-state PAC (ID#:_____ 7 Amount of contribution (\$) 4 Date Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) OWNER out-of-state PAC (ID#:_____ Full name of contributor Date Amount of contribution (\$) Tommie Buchen Contributor address; City; State; Zip Code 15 19 Po Box 103 Port Zsabel T578578 Principal occupation / Job title (See Instructions) Employer (See In hothred out-of-state PAC (ID#:_ Date Amount of contribution (\$) RUSSELL A. HOFF & BEHLY HOFF Contributor address; City; State; Zip Code 9 | 26 | 19 | 328 mesquite DR. Lagura Vista TX 78578 \$ 35 Refired Full name of contributor Date out-of-state PAC (ID#:____ Amount of contribution (\$) 19 Po Box 3754 South Radre Island TX78597 & occupation / Job title (See Instructions) | Employer (See Instructions) 00 Self Employer. ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Fedto Delgadillo 5 Full name of contributor out-of-state PAC (ID#:_ 4 Date 7 Amount of contribution (\$) RON Bliss & Cecella L. Bliss 6 Contributor address: P. Cecella L. Bliss 6 Contributor address: Po Box 13248 Port TSAFEL TX 78579 Coupation / Job title (See Instructions) 9 Employer (See Instructions) out-of-state PAC (ID#: Date Amount of contribution (\$) Date ut-of-state PAC (ID#:_ Amount of contribution (\$) Estatang Dugadilly Contributor address; State; Zip Code POBOX 899 PORT ISALEL D78578 occupation / Job title (See Instructions) Employer (See Inst Employer (See Instructions) Refired Date Amount of contribution (\$) Contributor address; City; State; Zip Code | ZU/19 | 301e LeaL St. Power ISAheLTT/851| Principal occupation / Job title (See Instructions) | Employer (See Instructions) Retires ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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MONE	TARY POLITICAL CONTRI	BUTIONS	SCHEDULE A1
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12/06/19			
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	Official of Octor G. Contributor address; City; State;		
2 06 19 Principal occup	826 S. GARCON PORT IS	Employer (See Instruction	
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURE CATEGORIES FOR BOX 8(a)							
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Loan Repayment/Reimbursement Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Office Overhead/Rental Expense Polling Expense Travel In District Contributions/Donations Made By 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. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER/NAME 4 Date 11 65/19 6 Amount (\$) Padre Blud STE 14 South Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense **EXPENDITURE** Printing Expense Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name County Republican Party Primary 765 E. 7th St. Brownsville TK-78521 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas, Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE iline FE Office sought Office held Complete ONLY if direct 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**

Complete ONLY if direct expenditure to benefit C/OH

Office sought

Candidate / Officeholder name

Office held