

**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: <b>14</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <b>Pedro</b>	<b>OFFICE USE ONLY</b>	
	NICKNAME LAST SUFFIX <b>Delgado</b>		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>Po Box 899 Port Isabel TX 78578</b>	Date Received <b>CAMERON COUNTY DEPARTMENT OF ELECTIONS &amp; VOTER REGISTRATION</b> <b>11:50am JAN 15 2020</b> RECEIVED By: <b>Audith</b>	
	5 CANDIDATE / OFFICEHOLDER PHONE AREA CODE PHONE NUMBER EXTENSION <b>(956) 943-5106</b>	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <b>Richard</b>	Receipt #	Amount \$
	NICKNAME LAST SUFFIX <b>Hinojosa</b>	Date Processed	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>1013 Ebony Ln Laguna Vista TX 78578</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(956) 943-1410</b>		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year    Month Day Year <b>7 / 1 / 19</b> THROUGH <b>12 / 31 / 19</b>		
11 ELECTION	ELECTION DATE Month Day Year <b>3 / 3 / 20</b>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
	12 OFFICE OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <b>Constable Pet-1</b>	

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.

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 300 <sup>00</sup>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,760 <sup>00</sup>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ - 0 -
	4. TOTAL POLITICAL EXPENDITURES	\$ 3005 <sup>94</sup>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 149 <sup>25</sup>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ - 0 -

18 AFFIDAVIT

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.

*Pedro Delgado*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Pedro Delgado, this the 15<sup>th</sup> day of Jan, 2020, to certify which, witness my hand and seal of office.

*Judith Campos*      Judith Campos      Notary  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,760 <sup>00</sup>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3,005 <sup>94</sup>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Pedro Delgado

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

Manuel Reyes

6 Contributor address; City; State; Zip Code

7/25/19

716 Hwy 100 Port Isabel TX 78578

\$ 100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

OWNER

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Alberto M. Vega's Dylbia Vega

Contributor address; City; State; Zip Code

7/30/19

PO Box 1423 San Benito TX 78586

\$ 500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

OWNER

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

TED Castillo

Contributor address; City; State; Zip Code

8-7-19

801 Hwy 100 Laguna Heights TX 78578

\$ 50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

OWNER

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Ken Patel

Contributor address; City; State; Zip Code

8-11-19

6200 South Padre Blvd S.P.I. TX 78597

\$ 100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

OWNER

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Pedro Delgado

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

Dan Patel

6 Contributor address; City; State; Zip Code

8/14/19

4109 Padre Blvd South Padre Island TX 78591

\$100<sup>00</sup>

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

OWNER

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Tommie Buchen

Contributor address; City; State; Zip Code

8/15/19

PO Box 103 Port Isabel TX 78578

\$50<sup>00</sup>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Retired

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Russell A. Hoff & Betty Hoff

Contributor address; City; State; Zip Code

9/26/19

328 Mesquite Dr. Laguna Vista TX 78578

\$35<sup>00</sup>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Retired

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Richard Wells

Contributor address; City; State; Zip Code

9/26/19

PO Box 3754 South Padre Island TX 78591

\$50<sup>00</sup>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Self Employee

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Pedro Delgado

3 Filer ID (Ethics Commission Filers)

4 Date

9/24/19

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Ron Bliss & Cecelia L. Bliss

6 Contributor address; City; State; Zip Code

PO Box 13248 Port Isabel TX 78578

7 Amount of contribution (\$)

\$ 50.00

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

9/26/19

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Tommy E. Buchen

Contributor address; City; State; Zip Code

PO Box 103 Port Isabel TX 78578

Amount of contribution (\$)

\$ 25.00

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

9/24/19

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Estefana Delgado

Contributor address; City; State; Zip Code

PO Box 899 Port Isabel TX 78578

Amount of contribution (\$)

\$ 100.00

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

9/24/19

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Lupita Hernandez

Contributor address; City; State; Zip Code

306 Leal St. Port Isabel TX 78578

Amount of contribution (\$)

\$ 100.00

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Pedro Delgado

3 Filer ID (Ethics Commission Filers)

4 Date

9/26/19

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Ruth Hernandez

6 Contributor address; City; State; Zip Code

PO Box 899 Port Isabel TX 78578

7 Amount of contribution (\$)

\$ 100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/26/19

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

MARINA HERNANDEZ

Contributor address; City; State; Zip Code

212 Roy St. Laguna Heights

Amount of contribution (\$)

\$ 150.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/26/19

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Rosa Barrera

Contributor address; City; State; Zip Code

29843 Fm 1847 San Benito TX 78586

Amount of contribution (\$)

\$ 100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/26/19

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Becky Gonzalez

Contributor address; City; State; Zip Code

213 Garfield Port Isabel TX 78578

Amount of contribution (\$)

\$ 100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Pedro Delgado

3 Filer ID (Ethics Commission Filers)

4 Date

12/06/19

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

GARY MYSKI  
6 Contributor address; City; State; Zip Code

2912 Padre Blvd South Padre Island TX 78597

7 Amount of contribution (\$)

\$ 150<sup>00</sup>

8 Principal occupation / Job title (See Instructions)

OWNER

9 Employer (See Instructions)

Date

12/06/19

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Fernando VASQUEZ  
Contributor address; City; State; Zip Code

800 S. GARCIA Port Isabel TX 78578

Amount of contribution (\$)

\$ 100<sup>00</sup>

Principal occupation / Job title (See Instructions)

OWNER

Employer (See Instructions)

Date

12/06/19

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Oblando OCHOA  
Contributor address; City; State; Zip Code

826 S. GARCIA Port Isabel TX 78578

Amount of contribution (\$)

\$ 50<sup>00</sup>

Principal occupation / Job title (See Instructions)

OWNER

Employer (See Instructions)

Date

12/06/19

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Daniel Bryan  
Contributor address; City; State; Zip Code

PO BOX 2400 South Padre Island TX 78597

Amount of contribution (\$)

\$ 500<sup>00</sup>

Principal occupation / Job title (See Instructions)

OWNER

Employer (See Instructions)

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Pedro Delgado</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>12/06/19</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Beto Vega</i>	7 Amount of contribution (\$) <i>\$ 100<sup>00</sup></i>
6 Contributor address; City; State; Zip Code <i>Po Box 1423 San Antonio TX 78586</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <i>12/06/19</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Alberto Delgado</i>	Amount of contribution (\$) <i>\$ 150<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>Po Box 899 Port Isabel TX 78578</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	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.

<b>1</b> Total pages Schedule F1: 1	<b>2</b> FILER NAME Pedro Delgado	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 7/18/19	<b>5</b> Payee name Toucan Graphics	
<b>6</b> Amount (\$) \$43.30	<b>7</b> Payee address; City; State; Zip Code 104 W. Bahama St. South Padre Island, TX 78597	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Push Printing Expense / CARDS	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 8/07/19	Payee name Toucan Graphics	
Amount (\$) \$108.25	Payee address; City; State; Zip Code 104 W. Bahama St. South Padre Island, TX 78597	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Push Printing Expense / CARDS	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 8/09/19	Payee name Toucan Graphics	
Amount (\$) \$378.88	Payee address; City; State; Zip Code 104 W. Bahama St. South Padre Island, TX 78597	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense (Signs)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete ONLY if direct expenditure to benefit C/OH Candidate / 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                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel in District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | 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.

1 Total pages Schedule F1: .		2 FILER NAME <i>Pedro Delgado</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>8/12/19</i>		5 Payee name <i>White Lumber</i>			
6 Amount (\$) <i>\$ 5.35</i>		7 Payee address; City; State; Zip Code <i>PO BOX 2003 / 927 S. GARCIA ST. PORT ISABEL, TX 78578</i>			
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense (SCREWS)</i>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name	Office sought	Office held
Date <i>8/23/19</i>		Payee name <i>Toucan Graphic's</i>			
Amount (\$) <i>\$ 600<sup>00</sup></i>		Payee address; City; State; Zip Code <i>104 W. Bahama St. South Padre Island TX 78578</i>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Advertising Expense / Vinyl Signs</i>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name	Office sought	Office held
Date <i>8/23/19</i>		Payee name <i>Toucan Graphic's</i>			
Amount (\$) <i>\$ 39.24</i>		Payee address; City; State; Zip Code <i>104 W. Bahama St. South Padre Island TX 78578</i>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Advertising Expense / Bumper Stickers</i>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / 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                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | 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.

1 Total pages Schedule F1:		2 FILER NAME <i>Pedro Delgado</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>8/26/19</i>		5 Payee name <i>McCoy's Building Supply</i>			
6 Amount (\$) <i>\$39.94</i>		7 Payee address; City; State; Zip Code <i>1701 Industrail SamBenito, TX 78584</i>			
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <i>Advertising expense / steel</i>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	Candidate / Officeholder name		Office sought		Office held
9 Complete ONLY if direct expenditure to benefit C/OH					
Date <i>9/05/19</i>		Payee name <i>Toucan Graphics</i>			
Amount (\$) <i>\$43.00</i>		Payee address; City; State; Zip Code <i>104 W. Bohana St. South Padre Island, TX 78578</i>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Printing Expense / Invitations</i>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	Candidate / Officeholder name		Office sought		Office held
9 Complete ONLY if direct expenditure to benefit C/OH					
Date <i>9/18/19</i>		Payee name <i>HOME DEPOT</i>			
Amount (\$) <i>\$64.99</i>		Payee address; City; State; Zip Code <i>4551 S. Padre Island Hwy Brownsville TX 78521</i>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Advertising Expense / T-Post</i>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	Candidate / Officeholder name		Office sought		Office held
9 Complete ONLY if direct expenditure to benefit C/OH					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	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.

1 Total pages Schedule F1:	2 FILER NAME <i>Pedro Delgado</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>9/16/19</i>	5 Payee name <i>Port Isabel Press</i>	
6 Amount (\$) <i>\$180<sup>00</sup></i>	7 Payee address; City; State; Zip Code <i>101 E. MAXAM ST. PORT ISABEL, TX 78578</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense / New Paper</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date <i>9/26/19</i>	Payee name <i>Gulf Quality Sea food</i>	
Amount (\$) <i>\$150<sup>00</sup></i>	Payee address; City; State; Zip Code <i>6955 Boca Chica Blvd, Brownsville, TX 78521</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food Beverage Expense / Fish</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date <i>9/26/19</i>	Payee name <i>Louie's Back yard</i>	
Amount (\$) <i>\$800<sup>00</sup></i>	Payee address; City; State; Zip Code <i>2305 Laguna Blvd South Padre Island, TX 78597</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food Beverage Expense / Campaign</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME <i>Pedro Delgadillo</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>11/05/19</i>	<b>5</b> Payee name <i>THE ALEX AVALOS PRINTING COMPANY</i>	
<b>6</b> Amount (\$) <i>\$92.99</i>	<b>7</b> Payee address; City; State; Zip Code <i>5009 Padre Blvd STE 14 South Padre Island TX 78597</i>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Printing Expense (Flyers)</i>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
<b>Date</b> <i>12/06/19</i>	<b>Payee name</b> <i>Cameron County Republican Party Primary Funds</i>	
<b>Amount (\$)</b> <i>\$1000.00</i>	<b>Payee address; City; State; Zip Code</b> <i>765 E. 7th St. Brownsville TX 78521</i>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) <i>Filing FEE'S</i>	<b>Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>Complete ONLY if direct expenditure to benefit C/OH</b> Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
<b>Date</b>	<b>Payee name</b>	
<b>Amount (\$)</b>	<b>Payee address; City; State; Zip Code</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule)	<b>Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>Complete ONLY if direct expenditure to benefit C/OH</b> Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**