

Official Public Records of Harris County Stan Stanart County Clerk

Campaign Finance Report



Stan Stanart

COUNTY CLERK
HARRIS COUNTY, TEXAS

FileNo:

20174

Received By Clerk:

1/4/2017

File Date:

1/4/2017 4:11:13 PM

Office:

Justice Of The Peace Pct. 2, Place 1

Candidate:

Delgado, Jo Ann

Treasurer:

Delgado, Joe

Category:

Contributions And Expenditures

Delivered By:

Courier

Type:

COR

Harris County No Fee

JUDICIAL CAMPAIGI			EHOLDE		FOR COVER SHE	M JC/OH EET PG 1
			1 Filer ID (Ethic	es Commission Filers)	2 Total pages file	<u></u>
The JC/OH Instruction G	Buide explains how to	complete this form.		•	18	
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST		MI	OFFICE	JSE ONLY
NAME	NICKNAME	DELCAN		SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER · MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #: Sear	odale 7089	ATE; ZIP CODE.		
Change of Address	Houst	on Tx 7	1089			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (28 /)	PHONE NUMBER 481 - 98.	EX	TENSION	Date Hand-delivered	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Joe LAST		MI SUFFIX	Date Processed	Amount \$
		DELGAD	0			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		PO BOX PLEASE); APT /	SUITE #; CIT	77089	ZIP CODE .	
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EX	TENSION		
9 REPORT TYPE	January 15	30th day before	e election	Runoff	15th day aftreasurer ap (Officeholder	pointment
	July 15	8th day before	election	Exceeded \$500 limit		(Attach C/OH - FR)
10 PERIOD COVERED	Month Day	Year THR	OUGH ·	Month Day	Year / 7	,
11 ELECTION	Month Day	Year Primary	Special	Other Description		
12 OFFICE	JUSTICE HELD (IF ANY) JUSTICE HARRIS PCT. 2	FTHE PEAR	13 OF	FICE SOUGHT (If known		
		ദവ സ	PAGE 2	,		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 2

14 JC/OH NAME			15 Filer ID (Ethics Commission Filers)			
	DANN DO	ELGADU				
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		OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER TH S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEM				
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1500.00			
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, SITEMIZED	\$ 0			
	4. TOTAL	POLITICAL EXPENDITURES	\$ 2			
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST ORTING PERIOD	T DAY \$			
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF AY OF THE REPORTING PERIOD	THE \$			
18 AFFIDAVIT						
Notary Pu	NIKA TURNER ablic, State of Texas	true and correct and includes all in under Title 15, Election Code.	perjury, that the accompanying report is formation required to be reported by me			
	xpires 08-18-2020 / ID 130784114	Quan Olefare	~			
		Signature of Ca	ndidate or Officeholder			
AFFIX NOTARY STAM	P/SEALABOVE					
Sworn to and subsc	ribed before me, l	by the said JOANN DELCHOO	, this the			
day of <u>Qua</u>	, 20 <u>/7</u> ,	to certify which, witness my hand and seal of office				
m sun	re	Monika Turner	Notary Public			
Signature of officer a	dministering oath	Printed name of officer administering oath	Title of officer administering oath			

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

19	FILER NAME	20 Filer ID (Ethics Com	missic	n Filers)
	JOANN DELCADO			
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	1500.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0
3.	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	0
4.	SCHEDULE E(J): LOANS (JUDICIAL)		\$	0
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$	0
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$	0
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUND	98	\$	0
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	A BUSINESS OF C/OH	\$	0
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL C	ONTRIBUTIONS	\$	0
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	ONS RETURNED	\$	0
	•			

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A(J)1:
2 FILER NAME JO ANN DELGADO	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC ID#: HOUSTON APT ASSOCIATION	7 Amount of contribution (\$)
Gentributor address; City; State; Zip Code 4810 Westway Park Blvd Houton	1/2704/ 1500.00
8 Contributor's principal occupation 9 Contribu	utor's job title
10 Contributor's employer/law firm 11 Law firm	n of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)	·
Date Full name of contributor out-of-state PAC ID#:	Amount of contribution (\$)
Contributor address; City; State; Zip Code Contributor's principal occupation Contribu	utor's job title
Contributor's employer/law firm Law firm	n of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	
Date Full name of contributor out-of-state PAC ID#: Contributor address; City; State: Zip Code	Amount of contribution (\$)
Contributor's principal occupation Contribu	utor's job title
Contributor's employer/law firm Law firm	n of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

	Th	ne Instruction Guide explains how to complete this form	1.	1 Total pages Schedule A2:
2	FILER NAM	JOANN DELGADO		3 Filer ID (Ethics Commission Filers)
4	TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ N/A
5	Date	6 Full name of contributor out-of-state PAC (ID#:		8 Amount of . 9 In-kind contribution description
		,		Check if travel outside of Texas. Complete Schedule T.
10	Principal occ	pupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)
12	Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	ntor's job title (FOR JUDICIAL) (See Instructions)
14	Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
16	If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
	Date	Full name of contributor	·	Amount of . In-kind contribution Contribution \$. description
		Contributor address; City; State; Zip Con	de	Check if travel outside of Texas. Complete Schedule T.
	Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	Pr (FOR NON-JUDICIAL)(See Instructions)
	Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
	Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
	If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
			13	
		ATTACH ADDITIONAL COPIES OF 1		

PLEDGED CONTRIBUTIONS (JUDICIAL)

SCHEDULE B(J)

	(JUDIC	ial)		SCHEDULE B(3)
	Th	ne instruction Guide explains how to complete this fo	rm.	1 Total pages Schedule B(J):
2	2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	JOANN DELGADO			•
4	TOTAL OF	UNITEMIZED PLEDGES		\$ N/A
5	Date	6 Full name of pledgor □ out-of-state PAC (ID#:)	8 Amount 9 In-kind contribution of Pledge \$ description
		7 Pledgor address; City; State; Zip		
				Check if travel outside of Texas. Complete Schedule T.
10	Pledgor's princ	cipal occupation	11 Pledgor's job	title
12	Pledgor's emp	oloyer/law firm	13 Law firm of p	eledgor's spouse (if any)
14	If pledgor is a	child, law firm of parent(s) (If any)		
	Date	Full name of pledgor out-of-state PAC (ID#:	p Code	Amount . In-kind contribution of Pledge \$. description
	Pledgor's prin	cipal occupation	Pledgor's job	title
	Pledgor's emp	oloyer/law firm	Law firm of p	oledgor's spouse (if any)
	If pledgor is a	child, law firm of parent(s) (if any)	,	•
	Date	Full name of pledgor)	Amount In-kind contribution of Pledge \$ description
		Pledgor address; City; State; Zi		
				Check if travel outside of Texas. Complete Schedule T.
	Pledgor's prin	cipal occupation	Pledgor's job	title
Pledgor's employer/law firm Law firm o			Law firm of p	oledgor's spouse (if any)
	If pledgor is a	child, law firm of parent(s) (if any)	<u> </u>	
	Į.	ATTACH ADDITIONAL COPIES f contributor is out-of-state PAC, please see instru		

LOANS	(JUDICIAL)
	,

SCHEDULE E(J)

The Instruction Guide explains how to complete this form.	1 Total pages Schedule E(J):
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
JOANN DELGADO	B
4 TOTAL OF UNITEMIZED LOANS	\$ N/A
5 Date of loan 7 Name of lender uut-of-state PAC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial Institution? 8 Lender address; City; State; Zip Code	10 Interest rate
Y N	11 Maturity date
12 Londor's Principal Consumation 12 Londor's Principal Consumation 12 Londor's Principal Consumation 15 Lon	
12 Lender's Principal Occupation 13 Lender's Job Title	
14 Lender's Employer/Law Firm 15 Law Firm of lender's spous	se (if any)
16 If lender is a child, law firm of parent(s) (if any)	
17 Description of Collateral 18 Check if personal funds we account (See Instructions)	
none	
19 GUARANTOR INFORMATION 20 Name of guarantor	22 Amount Guaranteed (\$)
21 Guarantor address; City; State; Zip Code	
not applicable	
23 Guarantor's Principal Occupation 24 Guarantor's Job Title	
25 Guarantor's Employer/Law Firm 26 Law Firm of guarantor's sp	pouse (if any)
77 //	
27 If guarantor is a child, law firm of parent(s) (if any)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEI	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

	E	XPENDITURE C	ATEGORIES I	FOR BOX 8(a)	•	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Food/l y Gift/Av I Committee Legal	Expense Beverage Expense wards/Memorials Expens Services Instruction Guide e	Office Ove Polling Exp se Printing Ex Salaries/W	rpense /ages/Contract Labor	Solicitation/Fundraising Transportation Equipm Travel in District Travel Out Of District Other (enter a category	ent & Related Expense
1 Total pages Schedule F1:	2 FILER NAME JOAN	v DELG	ADO		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name	<u>, </u>	<i>y</i> 1,5 C			
6 Amount (\$) N/A	7 Payee address	; City; Stat	e; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See C	ategories listed at the top	of this schedule)		outside of Texas. Complete Sch in, TX, officeholder living e	
9 Complete ONLY if direct expenditure to benefit C/OF		Officeholder name		Office sought	. (Office held
Date	Payee name					
Amount (\$)	Payee address	; City; Stat	te; Zip Code	7		
PURPOSE OF EXPENDITURE	Category (See C	ategories listed at the top	of this schedule)	1 _	utside of Texas. Complete Sch n, TX, officeholder living ex	
Complete ONLY if direct expenditure to benefit C/Oh		Officeholder name		Office sought		Office held
Date	Payee name					
Amount (\$)	Payee address	; City; Stat	te; Zip Code			0,
PURPOSE OF EXPENDITURE	Category (See C	categories listed at the top	of this schedule)		outside of Texas. Complete Sch in, TX, officeholder living ex	
Complete ONLY if direct expenditure to benefit C/Oh		Officeholder name		Office sought		Office held
	ATTACH	ADDITIONAL CO	PIES OF THIS	SCHEDULE AS NE	EDED	

UNPAID INCURRED OBLIGATIONS

		EXPENDITURE CATEGOR	RIES FOR BOX 10(a)	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica	Fees Of Food/Beverage Expense Pr Gift/Awards/Memorials Expense Pr	an Repayment/Reimbursement flice Overhead/Rental Expense Illing Expense Inting Expense Jaries/Wages/Contract Labor DW to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1	Total pages Schedule F2:	2 FILER NAME JO ANN DELGADO		3 Filer ID (Ethics Commission Filers)
4	TOTAL OF UNITEM	IIZED UNPAID INCURRED OBLIGA		\$
5	Date	6 Payee name		
7	Amount (\$) N/A	8 Payee address; City; State; Zip	Code	
9	TYPE OF EXPENDITURE	Political	Non-Political	
10	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sch	Check If	on travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense
11	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	Date	Payee name		
	Amount (\$)	Payee address; City; State; Zip	Code	
	TYPE OF EXPENDITURE	Political	Non-Political	•
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch	Check if	ON travel outside of Texas. Complete Schedule T. 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 T	HIS SCHEDULE AS NE	EDED

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

Th	e Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:
2 FILER NAME	· · · · · · · · · · · · · · · · · · ·	3 Filer ID (Ethics Commission Filers)
JOAN	IN DELGADO	S VIII B (IZIII C C C III C C C C C C C C C C C C
4 Date	 Name of person from whom investment is purchased 	z; State; Zip Code
	7 Description of investment	
	8 Amount of investment (\$) W/A	
Date	Name of person from whom investment is purchased	
·	Address of person from whom Investment is purchased; City	; State; Zip Code
·	Description of investment	
	Amount of investment (\$)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

·					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica	Event Expense Fees Food/Beverage y Gift/Awards/Met Legal Services	Office Overhead	t/Reimbursement /Rental Expense e /Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F4:	2 FILER NAME JOANN	DELGADO		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEM		S CHARGED TO A CRED	IT CARD	\$ N/A	
5 Date	6 Payee name				
7 Amount (\$)	8 Payee address;	City; State; Zip Code			
9 TYPE OF EXPENDITURE	Political	Non-Political			
10 PURPOSE OF EXPENDITURE	(a) Category (See Categoria	es listed at the top of this schedule)		in travel outside of Texas. Complete Schedule T. f Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Office	holder name Office	sought	Office held	
Date	Payee name				
Amount (\$)	Payee address;	City; State; Zip Code			
TYPE OF EXPENDITURE	Political	Non-Politica	J .		
PURPOSE OF EXPENDITURE	Category (See Categorie	es listed at the top of this schedule)		on travel outside of Texas. Complete Schedule T. f Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Office H	pholder name Office	sought	Office held	
	ATTACH ADDITIO	NAL COPIES OF THIS SCH	EDULE AS NE	EDED	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment	Fees Office of Food/Beverage Expense Polling By Gift/Awards/Memorials Expense Printin	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)						
1 Total pages Schedule G:	2 FILER NAME JOANN DELGADO		3 Filer ID (Ethics Commission Filers)					
4 Date	5 Payee name							
6 Amount (\$) NA- Relmbursement from political contributions intended	7 Payee address; City; State; Zip Code							
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description						
PURPOSE OF		Check If travel outside	e of Texas. Complete Schedule T.					
EXPENDITURE		Check if Austin, TX	(, officeholder living expense					
9 Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name DH	Office sought	Office held					
Date Amount (\$)	Payee name Payee address; City; State; Zip Code	DI:	HOLL					
Reimbursement from political contributions intended								
PURPOSE	Category (See Categories listed at the top of this schedule)	Description						
OF			e of Texas. Complete Schedule T.					
EXPENDITURE		Check If Austin, TX	C, officeholder living expense					
Complete ONLY if direct expenditure to benefit C/4	Candidate / Officeholder name OH	Office sought	Office held					
Date	Payee name							
	·							
Amount (\$)	Payee address; City; State; Zip Code							
Reimbursement from political contributions intended								
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		e of Texas. Complete Schedule T. K, officeholder fiving expense					
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name 、 OH	Office sought	Office held					
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	ED					

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salanias/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Candidate/Officeholder/Politic Credit Card Payment	cal Committee	Legal Service			Wages/Contract Labor complete this form		ategory not listed above)
1 Total pages Schedule H:	2 FILER N		DELGI	· · · · · · · · · · · · · · · · · · ·			thics Commission Filers)
4 Date	5 Business	-		,			
6 Amount (\$) N/A	7 Business	address;	City; State	; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categorie	s listed at the top of	this schedule) (k	Check if travel ou	utside of Texas. Complete Son, TX, officeholder living	
9 Complete ONLY if direct expenditure to benefit C/O		ate / Officeh	older name		Office sought		Office held
Date	Business	name					
Amount (\$)	Business	address;	City; State	; Zip Code			
PURPOSE OF EXPENDITURE	Category	(See Categorie	s listed at the top of	this schedule)		utside of Texas. Complete Son, TX, officeholder living	
Complete ONLY if direct expenditure to benefit C/O		ate / Officeh	older name		Office sought		Office held
Date	Business	s name					
Amount (\$)	Business	address;	City; State	; Zip Code			
PURPOSE OF EXPENDITURE	Category	/ (See Categorie	s listed at the top of	this schedule)		utside of Texas. Complete Sc n, TX, officeholder living	
Complete ONLY if direct expenditure to benefit C/O		ate / Officeh	older name		Office sought		Office held
	АΠ	ACH ADDI	FIONAL COPI	ES OF THIS	SCHEDULE AS I	NEEDED	

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The instruction Guide explains how to complete this form.						
1 Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)				
	JOANN DELGADO	·				
4 Date	5 Payee name	·				
6 Amount (\$)	7 Payee address; City; State; Zip Code					
NA						
8 / PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See Instructions regarding type of information required.)				
Date	Payee name					
Amount (\$)	Payee address; City; State; Zip Code					
PURPOSE OF EXPENDITURE	Category (See Instructions for examples of acceptable categories.)	Description (See Instructions regarding type of information required.)				
Date	Payee name	730M				
Amount (\$)	Payee address; City; State; Zip Code					
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See Instructions regarding type of Information required.)				
Date	Payee name					
Amount (\$)	Payee address; City; State; Zip Code					
PURPOSE OF Expenditure	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)				

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

	Y		
The	dule K:		
2 FILER NAME	JOANN DELGADO	3 Filer ID (Ethics	Commission Filers)
4 Date	5 Name of person from whom amount is received		8 Amount (\$)
	6 Address of person from whom amount is received; City; State;	Zip Code	NA
	7 Purpose for which amount is received Check if	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State	; Zip Code	
	Purpose for which amount is received Check if	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State;	Zip Code	
	Purpose for which amount is received Check if	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State	Zlp Code	•
	Purpose for which amount is received Check if	political contribution	returned to filer
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED	
l			

OUTSTAN	NDING LOANS	SCHEDULE L
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule L:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
JO AN	N DELGADO	
LENDER INFORMATION	4 Name of lender	
	5 Lender address; City; State; Zip Code	N/A
GUARANTOR INFORMATION	6 Name of guarantor	
not applicable	7 Guarantor address; City; State; Zip Code	
LENDER INFORMATION	Name of lender	170,
	Lender address; City; State; Zip Code	
GUARANTOR INFORMATION	Name of guarantor	
not applicable	Guarantor address; City; State; Zip Code	
LENDER INFORMATION	Name of lender	
	Lender address; City; State; Zip Code	
GUARANTOR INFORMATION	Name of guarantor	
not applicable	Guarantor address; City; State; Zip Code	
LENDER	Name of lender	
. INFORMATION		
	Lender address; City; State; Zip Code	
GUARANTOR INFORMATION	Name of guarantor	
not applicable	Guarantor address; City; State; Zip Code	
,	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS I	NEEDED

ASSETS VALUED AT \$500 OR MORE	SCHEDULE M
The Instruction Guide explains how to complete this form.	1 Total pages Schedule M:
JOANN DELGAPO	3 Filer ID (Ethics Commission Filers)
4 Description of Asset	
Description of Asset	
Description of Asset	
Description of Asset	•
Description of Asset	
Description of Asset	>
Description of Asset	
Description of Asset	
Description of Asset	40,
Description of Asset	
Description of Asset	
ATTACH ADDITIONAL COPIES OF THIS SCHEDU	LE AS NEEDED

IN-KIND COI FOR TRAVE			OR POLITIC	CAL EXPEND	ITURES	SCHEDULE T	
The instruction Guide explains how to complete this form.				1 Total pages Schedule	1 Total pages Schedule T:		
2 FILER NAME JO ANN DELC-ADO			3 Filer ID (Ethics Com	nmission Filers)			
4 Name of Contributor / W /14	Corporation o	or Labor O	rganization / Pledgor /	Payee	1,		
5 Contribution / Expend	iture reported	on:					
Schedule A2 Schedule B Schedule B(J) Schedule C2					Schedule D	Schedule F1	
Schedule F2	Sche	dule F4	Schedule G	Schedule H	Schedule COH-	JC Schedule B-SS	
6 Dates of travel	7 Name of	person(s)	traveling				
V.	8 Departur	e city or n	ame of departure locati	on			
	9 Destinati	on city or	name of destination loc	eation			
10 Means of transportati	ion	11 Purpo	se of travel (including r	name of conference, s	eminar, or other event)		
Name of Contributor	/ Corporation	or Labor C	Organization / Pledgor /	Payee			
Contribution / Expenditure reported on: Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS Dates of travel Name of person(s) traveling							
	Departui	re city or n	ame of departure locat	ion	•		
	Destinati	ion city or	name of destination lo	cation			
Means of transportation Purpose of travel (including name of conference, seminar, or other event)							
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee							
Contribution / Expend	diture reported	l on:					
Schedule A2	Sche	dule B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1	
Schedule F2	Sche	dule F4	Schedule G	Schedule H	Schedule COH-	UC Schedule B-SS	
Dates of travel	DECORDER'S MEMORANDUM:						
	Departure city or name of departure location At the time of recordation, this instrument was found to be inadequate for the best photographic						
	Destination city or name of destination location photo copy, discolored paper, etc. All blockouts additions and changes were present at the time the instrument was filed and recorded.					were present at the time	
Means of transporta	ation	Purpo	ose of travel (including	name of conference,	seminar, or other event)		
	A	TTACH AI	DDITIONAL COPIES	OF THIS SCHEDUL	E AS NEEDED		