

Official Public Records of Harris County Stan Stanart County Clerk

Campaign Finance Report

# COUNTY CLERK HARRIS COUNTY, TEXAS

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** 

	CANDIDATE N FINANCE R		DLDER	FORM JC/OH COVER SHEET PG 1
The JC/OH Instruction G	iuide explains how to com		er ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST ANN LAST	MI 	OFFICE USE ONLY  Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	1085/ Houston	SCURBER CITY:  SCURBER		
5 CANDIDATE/ OFFICEHOLDER PHONE		181 - 9830 FIRST	EXTENSION	Date Hand-delivered or Date Postmarked  Receipt # Amount \$
6 CAMPAIGN TREASURER NAME	NICKNAME	Joe LAST DGLGAOO	SUFFIX	Date Processed  Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BO		CITY; STATE;  N, Tx 77089	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHON	E NUMBER	EXTENSION	
9 REPORT TYPE	January 15	30th day before election  8th day before election	Runoff  Exceeded \$500 limit	15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year	THROUGH	Month Day  15  ELECTION TYPE	Year /
11 ELECTION	Month Day Year	General	Runoff Other Description Special	
12 OFFICE	JUSTICE OF HARRIS COUP PCT. 2 PII	THE PEACE NTY	13 OFFICE SOUGHT (If know	vn)
		GO TO PA	GE 2	

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM JC/OH COVER SHEET PG 2

14 JC/OH NAME	<u> </u>		15 Filer ID (Ethics Commission Filers)
<u> </u>	TOANN DO	ELGADU	
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR N	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPEND IDATE / OFFICEHOLDER. <i>THESE EXPENDITURES MAY HAVE BEEN MADE W</i> NSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT TH	ITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
		COMMITTEE ADDRESS	•
	SPECIFIC		
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages	1		
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
		·	
17 CONTRIBUTION TOTALS	1. TOTAL F	OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER TH S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMI	AN SZED \$ &
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1500.00
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS,	\$ 0
	4. TOTAL	POLITICAL EXPENDITURES	\$ 2
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST ORTING PERIOD	DAY \$
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF AY OF THE REPORTING PERIOD	THE \$ A
18 AFFIDAVIT			
Notary Pu	NIKA TURNER ublic, State of Texas Expires 08-18-2020	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
I II WWW. WOM	y ID 130784114	Jo ander as	
		Signature of Car	ndidate or Officeholder
AFFIX NOTARY STAM	P/SEALABOVE		
Sworn to and subse	rihad bafara ma	by the said Johnn DELCADO	, this the
day of Que	,_	to certify which, witness my hand and seal of office	
In sun	re	Monika Turner	Notory Public
Signature of officer a	administering oath	Printed name of officer administering oath	Title of officer administering oath

### SUBTOTALS - JC/OH

### FORM JC/OH COVER SHEET PG 3

FILER NAME  20 Filer ID (Ethics Co	ommission Filers)
JOANN DELCADO	
SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$ \$ 1500
SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$ 0
SCHEDULE E(J): LOANS (JUDICIAL)	\$ 0
SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ O
SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	s 0
SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ ()
SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ /)
. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

### SCHEDULE A(J)1

т.	he Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A(J)1:
2 FILER NAME	JOANN DELGADO		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC ID  #0 45 TON PPT PSS OCIATION  6 Contributor address; City; State;	Zip Code	7 Amount of contribution (\$)
8 Contributor's p	4810 Westway Park Blvd principal occupation	9 Contributor's Job title	
10 Contributor's e	employer/law firm	11 Law firm of contributor's	s spouse (if any)
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor		Amount of contribution (\$)
Contributor's e	orincipal occupation	Contributor's job title  Law firm of contributor'	s spouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor  out-of-state PAC II  Contributor address; City; State:	D#:) Zip Code	Amount of contribution (\$)
Contributor's p	principal occupation	Contributor's job title	
Contributor's e	employer/law firm	Law firm of contributor	's spouse (if any)
If contributor is	s 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

T	he Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:
2 FILER NAME JO ANN DELGADO			3 Filer ID (Ethics Commission Filers)
4 TOTAL C	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 1/19
5 Date	Full name of contributor		8 Amount of . 9 In-kind contribution Contribution \$ description
	7 Contributor address; City; State; Zip Code		Check if travel outside of Texas. Complete Schedule T.
10 Principal oc	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)
·	s principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
	s employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributo	r 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 Co	de	Check if travel outside of Texas. Complete Schedule T.
Principal oc	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NON-JUDICIAL) (See Instructions)
	s principal occupation (FOR JUDICIAL)	Contrib	utor's job title (FOR JUDICIAL) (See Instructions)
Contributor'	s employer/law firm (FOR JUDICIAL)	Law firr	n of contributor's spouse (if any) (FOR JUDICIAL)
If contributo	or is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
	ATTACH ADDITIONAL CODITO OF	TUIC COUED	III E ACNEEDED
1	ATTACH ADDITIONAL COPIES OF 1 f contributor is out-of-state PAC, please see instruction		

# PLEDGED CONTRIBUTIONS (JUDICIAL)

### SCHEDULE B(J)

TI	ne instruction Guide explains how to complete this fo	rm.	1	Total pages Scheo	dule B(J):	
2 FILER NAME	2 FILER NAME		3	Filer ID (Ethics C	ommission	Filers)
ToA	ALMA DELCHOO					) ) ·
4 TOTAL OF	NN DELGADO  UNITEMIZED PLEDGES		\$			~
O KLOF	ONT EMIZED FLEDGES		Ψ	NA		
5 Date	6 Full name of pledgor □ out-of-state PAC (ID#:	)	8	Amount of Pledge \$		nd contribution cription
	7 Pledgor address; City; State; Zi	p Code	  -	Check if travel outs	ide of Texas	s. Complete Schedule T.
10 Pledgor's prin	cinal occupation	11 Pledgor's job	title			
leagor a pini	cipai occopation	Tr Tiedgor's job	, title	•		
12 Pledgor's emp	oloyer/law firm	13 Law firm of p	oledg	gor's spouse (if an	у)	
14 If pledgor is a	child, law firm of parent(s) (If any)					
Date	Full name of pledgor	1	Ī	Amount	. In-k	ind contribution
	y all marks or proager			of Pledge \$	. des	cription
		· , ^	.] ,			
	Pledgor address; City, State; Z	p Code				
			ا	7	•	
			L	_ Check if travel outs	ide of Texa	s. Complete Schedule T.
Pledgor's prin	cipal occupation	Pledgor's job	title	<b>9</b>		
Pledgor's emp	oloyer/law firm	Law firm of p	oledo	gor's spouse (if an	y)	
If pledgor is a	child, law firm of parent(s) (if any)	•			•	
Date	Full name of pledgor out-of-state PAC (ID#:	)		Amount of Pledge \$		ind contribution cription
					•	
	Pledgor address; City; State; Z	ip Code			•	
				Check if travel outs	: side of Texa	s. Complete Schedule T.
Pledgor's prin	cipal occupation	Pledgor's job	title	Э		
Pledgor's emp	oloyer/law firm	Law firm of p	pled	gor's spouse (if ar	iy) ·	
If pledgor is a	child, law firm of parent(s) (if any)					
	ATTA OLI ADDITIONIAL CONTRO	AE TIUC AA::=:	D	E AO MESSES		
'	ATTACH ADDITIONAL COPIES f contributor is out-of-state PAC, please see instru				requirem	ents.

LOANS (	JUDICIAL)			SCHEDULE E(J)
The In	struction Guide explains ho	w to complete this f		1 Total pages Schedule E(J):
2 FILER NAME	·		<u>,                                      </u>	3 Filer ID (Ethics Commission Filers)
JOANN	DELGADO			A
	TEMIZED LOANS			\$ N/A
5 Date of loan	7 Name of lender	out-of-state PAC	(ID#:)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address;	City;	State; Zip Code	10 Interest rate
YN				11 Maturity date
12 Lender's Principal	Occupation		13 Lender's Job Title	
14 Lender's Employer/	Law Firm		15 Law Firm of lender's spot	use (if any)
16 If lender is a child,	law firm of parent(s) (if any)			;
17 Description of Colla	iteral .		18 Check if personal funds vaccount (See Instructions	were deposited into political s)
19 GUARANTOR INFORMATION	20 Name of guarantor		U <sub>X</sub>	22 Amount Guaranteed (\$)
	21 Guarantor address;	City;	State; Zip Code	
not applicable  23 Guarantor's Princip	al Occupation	·	24 Guarantor's Job Title	
25 Guarantor's Employ	yer/Law Firm		26 Law Firm of guarantor's	spouse (if any)
27 If guarantor is a ch	ild, law firm of parent(s) (if a	any)		
		:		
			,	
			OF THIS SCHEDULE AS N	
If le	nder is out-of-state PAC,	please see instruc	tion guide for additional rep	orting requirements.

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

### 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
Girl/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		inting Expense Travel Out Of District claries/Wages/Contract Labor Other (enter a category not listed above)  ow to complete this form.
1 Total pages Schedule F1:	2 FILER NAME JOANN DELGADO	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip C	ode
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this scheme	(b) Description Check if travel outside of Texas. Complete Schedule T. 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	Payee name	
Amount (\$)	Payee address; City; State; Zip 0	code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sche	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip (	code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sche	Check if travel outside of Texas. Complete Schedule T. 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

### **UNPAID INCURRED OBLIGATIONS**

### SCHEDULE F2

	EXPENDITURE CATEG	GORIES FOR BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor as how 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 FILERNAME JO ANN DELGAD	10	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITER	MIZED UNPAID INCURRED OBLIG		\$
5 Date	6 Payee name		
7 Amount (\$)	8 Payee address; City; State;	Zip Code	
NIA		·	
9 TYPE OF EXPENDITURE	Political	Non-Political	
10	(a) Category (See Categories listed at the top of thi	(b) Descript	ion
PURPOSE OF			t if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check	k if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/Oi	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		13011
Amount (\$)	Payee address; City; State;	Zip Code	
TYPE OF EXPENDITURE	Political	Non-Political	
	Category (See Categories listed at the top of th		
PURPOSE OF			k if travel outside of Texas. Complete Schedule T.  k if Austin, TX, officeholder living expense
EXPENDITURE			жасан, то, отобновой пущу вхранае
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
•			
	<u> </u>		
	ATTACH ADDITIONAL COPIES C	OF THIS SCHEDULE AS N	EEDED

# PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F3

The Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:
2 FILER NAME  JOANN DELGADO	3 Filer ID (Ethics Commission Filers)
4 Date 5 Name of person from whom investment is purchased	· · · · · · · · · · · · · · · · · · ·
6 Address of person from whom investment is purchased;	
7 Description of investment	
8 Amount of investment (\$)	
Date Name of person from whom investment is purchased	LHON
Address of person from whom investment is purchased; C	City; State; Zip Code
Description of investment	
Amount of investment (\$)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDUL	LE AS NEEDED

### **EXPENDITURES MADE BY CREDIT CARD**

### SCHEDULE F4

EXPENDITURE CATEO	GORIES FOR BOX 10(a)	
Event Expense Fees Food/Beverage Expense Gilt/Awards/Memorials Expense I Committee Legal Services The Instruction Guide explair	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ns how 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)
2 FILER NAME JOANN DELGAL	90.	3 Filer ID (Ethics Commission Filers)
ZED EXPENDITURES CHARGED	TO A CREDIT CARD	* N/A
6 Payee name		
8 Payee address; City; State;	Zip Code	
Political	Non-Political	
(a) Category (See Categories listed at the top of th	Check	on I travel outside of Texas. Complete Schedule T. If Austin, TX, officeholder living expense
Candidate / Officeholder name	Office sought	Office held
Payee name		
Payee address; City; State;	Zip Code	
Political	Non-Political	
Category (See Categories listed at the top of th	Check	f travel outside of Texas. Complete Schedule T. If Austin, TX, officeholder living expense
Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES O	OF THIS SCHEDULE AS NE	EDED
	Event Expense Foes Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services The Instruction Guide explain  2 FILER NAME  JOHNN DELCHI  ZED EXPENDITURES CHARGED  6 Payee name  8 Payee address; City; State;  Political  Candidate / Officeholder name  Payee name  Payee address; City; State;  Candidate / Officeholder name  Payee address; City; State;	Fees Gold/Beverage Expense Gilt/Awards/Memorials Expense Printing Expense Printing Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.  2 FILER NAME

### POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) JOANN DELGADO 4 Date 6 Amount (\$) 7 Payee address; City; State; Zip Code political contributions (b) Description (a) Category (See Categories listed at the top of this schedule) **PURPOSE** Check if travel outside of Texas, Complete Schedule T. OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; State; Zip Code Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) **PURPOSE** Check if travel outside of Texas. Complete Schedule T. EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State; Zip Code Reimbursement from political contributions intended Description Category (See Categories listed at the top of this schedule) **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name \ Office held Office sought expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### 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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out Of District
Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule H:	2 FILER NAME  JANN DELLAROO  3 Filer ID (Ethics Commission Filers)
4 Date	5 Business name
6 Amount (\$)  N/A	7 Business address; City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check If travel outside of Texas. Complete Schedule T.  Check If Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name Office sought Office held
Date	Business name
Amount (\$)	Business address; City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Description  Check if travel outside of Texas. Complete Schedule T.  Check If Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name Office sought Office held
Date	Business name
Amount (\$)	Business address; City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE I

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

	#1 * ,1			
The Instruction Guide explains how to complete this form.  1 Total pages Schedule 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	f 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	e; Zip Code		
	Purpose for which amount is received Check if	f 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	g; Zip Code		
	Purpose for which amount is received Check if	f 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	e; Zlp Code		
	Purpose for which amount is received Check if	f political contribution	returned to filer	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

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

ASSETS VAL	UED AT \$500 OR MORE	SCHEDULE M
The Instructi	on Guide explains how to complete this form.	1 Total pages Schedule M:
2 FILER NAME  JOANN	DELGAPO	3 Filer ID (Ethics Commission Filers)
4 Description of Asset		
Description of Asset		
Description of Asset		
	Military and the state of the s	
Description of Asset		•
Description of Asset		
		- A
Description of Asset		
Description of Asset		•
Description of Asset		
Description of Asset		
Description of Asset		
Description of Asset		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDU	LE AS NEEDED

IN-KIND COI FOR TRAVE			\$5000000000000000000000000000000000000	CAL EXPEN	DITURES	SCHEDULE T		
The Instruction Guide explains how to complete this form.					1 Total pages Schedu	1 Total pages Schedule T:		
FILER NAME Jot	ANN	DEL	CAPO		3 Filer ID (Ethics (	Commission Filers)		
4 Name of Contributor /	Corporation o	or Labor O	rganization / Pledgor	/ Payee				
5 Contribution / Expend Schedule A2 Schedule F2	A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1							
6 Dates of travel	7 Name of person(s) traveling  8 Departure city or name of departure location							
·			name of destination i					
10 Means of transportati	ion	11 Purpo	se of travel (including	name of conference,	, seminar, or other event			
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Schedule A2	∐ Sche	dule B	Schedule B(J)	Schedule C2	☐ Schedule D	☐ Schedule F1		
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