# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how	to complete this f	orm,	Filer ID (Ethic	s Commission Filers)	2 Total pages	filed:
3 CANDIDATE/ OFFICEHOLDER NAME	MS / MRS / MR  NVVY  NICKNAME	Jace Del ago	40		MI A. SUFFIX	OFFIC	EUSEONLY
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX	APT SUIT	e#; city;	AS T	1000	ANNAY	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	0810	EXTE	NSION.	\$	ed or Date Poslmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST LAST	Irene.		MI SUFFIX	Date Imaged	Cl Amount \$
		Dela	ado			Date imaged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS	NO PO BOX PLEASE!	APT / SUITE #		ry; nmas	STATE;	zip code 79 02-9
(Residence or Business)					٧		
8 CAMPAIGN TREASURER PHONE	AREA CODE (804)	PHONE NUMBER	270	EXTEN	ISION		
9 REPORT TYPE	January 15	30th da	y before election	F	Runoff	treasurer	after campaign appointment ider Only)
	July 15	8th day	before election		Exceeded Modified Reporting Limit	Final Rep	oort (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Yea	, )23	THROUGH	Month	, ,	023
11 ELECTION	Month Day	Year X	Primary E	Runoff Special	ELECTION TYPE Other Description		
12 OFFICE	OFFICE HELD (if any)				ESOUGHT (If knows	)	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFICE CONSENT. CANDIDATES	EHOLDER, THESE EXP	ENDITURES MAY I	IAVE BEEN MAD	E WITHOUT THE CAN	DIDATE'S OR OFFICEH	OMMITTEES TO SUPPORT OLDER'S KNOWLEDGE OR OF SUCH EXPENDITURES.
	COMMITTEE TYPE	COMMITTEE NAME	Ĭ.				
Additional Pages	GENERAL	COMMITTEE ADDR	ESS				
	SPECIFIC	COMMITTEE CAMP	AIGN TREASURE	ER NAME			
		COMMITTEE CAMP	PAIGN TREASUR	ER ADDRESS			
		G	O TO PA	GE 2			

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME	•	. 16 Filer ID (Ethics Commission Filers)		
Jac	ce A. Delgado			
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	THAN \$		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LO	\$ 3,60		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$		
	4. TOTAL POLITICAL EXPENDITURES	\$3,369.50		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF TH OF REPORTING PERIOD	E LAST DAY \$ QUO.		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS LAST DAY OF THE REPORTING PERIOD	AS OF THE \$		
	swear, or affirm, under penalty of perjury, that the accompanying report quired to be reported by me under Title 15, Election Code.	is true and correct and includes all information		
	fine the second	1. 4.		
	Signature	of Candidate or Officeholde		
	Please complete either option be	alow.		
	riease complete enner option be	SIOVY.		
(1) Affidavit  RAINY ANN TRUJILLO  Notary Public, State of Texas  Comm. Expires 07-23-2025  Notary ID 124767804				
NOTARY STAMP/SEAL				
Sworn to land subscribed	before me by KUWA AU MOLO this	the A day of Junuary		
	which, witness my hand and seal of office.	0		
Signature of officer administration	ering oath Printed name of officer administering oath	Title of officer administering oath		
OR				
(2) Unsworn Declarat	ion			
My name is	, and my date of b	irth is		
My address is				
	(street) (city)	(state) (zip code) (country)		
Executed in	County, State of, on theday of	month) (year)		
	Signature of	Candidate/Officeholder (Declarant)		

## SUBTOTALS - C/OH

# FORM C/OH COVER SHEET PG 3

19 FILER NAME	20 Filer ID (Ethics Co	mmission Filers)
Jaco Delgado		
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 3610
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 402.80
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 330,000 S
4. SCHEDULE E: LOANS		\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$3369.50
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 FUI	NDS	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$ _
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	TIONS RETURNED	\$

## SCHEDULE A1

If the reques	ted information is not applicable, DO NOT inc	lude this page in the i	report.
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	Jace Delgado		3 Filer ID (Ethics Commission Filers)
4 Date O[3]	5 Full name of contributor out-of-state PAC  Tace a Irene Delgo 6 Contributor address; City;  1108 NE 4 <sup>th</sup> Dumas	State; Zip Code	7 Amount of contribution (\$)
8 Principal occu	Dations 7 Job title (See Histrocholis)	3 Employer (Geo Morado	
Date		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Amount of contribution (\$)
Principal occup	Contributor address; City;  124 CNCISCO DUNIOS  ration / Job title (See Instructions)	State; Zip Code  7 7909  Employer (See Instruct	ions)
	· · · · · · · · · · · · · · · · · · ·		
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
Me	Jud 1th Watson Contributor address; City;	State; Zip Code	\$150
Principal occup	Dation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor 🔲 out-of-state PAC	(ID#:)	Amount of contribution (\$)
11/6	Travis Gibbins  Contributor address; City;  1002 S Dumas Dumas	State; Zip Code	R/W
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES ( If contributor is out-of-state PAC, please see Instr	OF THIS SCHEDULE AS Nuction guide for additional	NEEDED reporting requirements.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

### SCHEDULE A2

If the requested information is not applicable, DO NOT include this page in the report.

if the requestion morniation is not applicable, be not mended the page in the repert					
Th	e Instruction Guide explains how to complete this form	m.	1 Total pages Schedule A2:		
2 FILER NAME	Jace Dergado		3 Filer ID (Ethics Co	mmission Filers)	
4 TOTAL OI	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ BARBERE	Ð	
5 Date	Chris Gerber 7 Contributor address; City; State; Zip Code		Contribution \$	9 In-kind contribution description	
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	70029 11 Employe	Check if travel outsi er (FOR NON-JUDICL	de of Texas, Complete Schedule T. AL)(See Instructions)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	DICIAL)(See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date 12/13	Full name of contributor out-of-state PAC (ID#:  Chin's Genser  Contributor address; City; State;	Zip Code	Amount of Contribution \$ 万日 <sup>の</sup>	In-kind contribution description T-Post Driver de of Texas, Complete Schedule T.	
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICI	AL)(See Instructions)	
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	IDICIAL) (See Instructions)	
Contributor's	employer/law firm (FOR JUDICIAL)	Law firn	n of contributor's spou	se (if any) (FOR JUDICIAL)	
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	J			
	ATTACH ADDITIONAL COPIES OF If contributor is out-of-state PAC, please see Instruct	THIS SCHED	ULE AS NEEDED r additional reportin	g requirements.	

## PLEDGED CONTRIBUTIONS

## SCHEDULE B

If the requested information is not applicable, DO NOT include this page in the report.

ii tile reques	sted information is not applicable, <b>DO NO</b> T II	icidde tilis page	in the report.	
The	Instruction Guide explains how to complete this	s form.	1 Total pages Sched	ule B;
2 FILER NAME			3 Filer ID (Ethics C	ommission Filers)
4 TOTAL OF	UNITEMIZED PLEDGES		\$	
5 Date	6 Full name of pledgor out-of-state PAC (ID#:	·	8 Amount of Pledge \$	9 tn-kind contribution description
		ate; Zip Code	·	<b>!</b> 
			Check if travel outsi	1. ide of Texas, Complete Schedule T.
10 Principal occu	pation / Job title (See Instructions)	11 Employer (See	Instructions)	
Date	Full name of pledgor   Out-of-state PAC (ID#:_		Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; St	ate; Zip Code		 
			Check if travel outsi	ide of Texas, Complete Schedule T.
Principal occup	Dation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of pledgor		Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; Sl	ate; Zip Code		 
			Check if travel outsi	l . ide of Texas, Complete Schedule T.
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of pledgor   out-of-state PAC (ID#:_	)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State	e; Zip Code		] ]  -
			Check if travel outs	l ide of Texas, Complete Schedule T.
Principal occur	pation / Job title (See Instructions)	Employer (See	Instructions)	
If	ATTACH ADDITIONAL COPIES contributor is out-of-state PAC, please see Ins			ı requirements.

#### SCHEDULE E LOANS If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule E: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME \$ 4 TOTAL OF UNITEMIZED LOANS 7 Name of lender 9 Loan Amount (\$) Date of loan out-of-state PAC (ID#;\_ 10 Interest rate ls lender 8 Lender address; City; State; Zip Code a financial Institution? 11 Maturity date Υ Ν 13 Employer (See Instructions) 12 Principal occupation / Job title (See Instructions) 15 14 Description of Collateral Check if personal funds were deposited into political account (See Instructions) none 17 Name of guarantor 19 Amount Guaranteed (\$) 16 GUARANTOR INFORMATION State; Zip Code 18 Guarantor address; City; not applicable 21 Employer (See Instructions) 20 Principal Occupation (See Instructions) Loan Amount (\$) Date of loan Name of lender out-of-state PAC (ID#:\_\_ ...... Interest rate State; Zip Code is lender Lender address; City; a financial Institution? Maturity date Ν Principal occupation / Job title (See Instructions) Employer (See Instructions) Description of Collateral Check if personal funds were deposited into political account (See Instructions) none Amount Guaranteed (\$) Name of guarantor **GUARANTOR** INFORMATION City; State; Zip Code Guarantor address:

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Employer (See Instructions)

Principal Occupation (See Instructions)

not applicable

#### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Loan Repayment/Reimbursement Solicitation/Fundralsing Expense Event Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Contributions/Donations Made By Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Travel Out Of District Printing Expense Legal Services 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. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Jace Dugado 5 Payee name 4 Date Walmart 0 3 6 Amount (\$) Zip Code 7 Payee address; City; 79029 Dumas (b) Description PURPOSE OF Smore Kits EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date KDDD11/06 Zip Code State; City; Amount (\$) Pavee address: 4 500 79029 408 N Dumas Dumas Description Category (See Categories listed at the top of this schedule) PURPOSE Radio Advertising Expense EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Moure Count Zìp Code City; State: Dumas \$20 Category (See Categories listed at the top of this schedule) Description PURPOSE list of registers EXPENDITURE

Complete ONLY if direct expenditure to benefit C/OH

Check if travel outside of Texas. Complete Schedule T.

Candidate / Officeholder name

Office held

Check if Austin, TX, officeholder living expense

Office sought

#### **UNPAID INCURRED OBLIGATIONS**

#### SCHEDULE F2

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)** Event Expense Advertising Expense Loan Repayment/Reimbursement Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Accounting/Banking Office Overhead/Rental Expense Food/Beverage Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Salaries/Wages/Contract Labor Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services The Instruction Guide explains how to complete this form. 1 Total pages Schedule F2: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 5 Date 6 Payee name Zip Code 7 Amount (\$) City; State; 8 Payee address; 9 TYPE OF Non-Political Political EXPENDITURE (b) Description (a) Category (See Categories fisted at the top of this schedule) 10 PURPOSE ΟF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 11 Complete ONLY if direct Office sought Office held Candidate / Officeholder name expenditure to benefit C/OH Payee name Date Zip Code City; State; Amount (\$) Payee address; TYPE OF Non-Political Political EXPENDITURE Description Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F3

If the requested information is not applicable, DO NOT include this page in the report.

T	he Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:
2 FILER NAME		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; Cit	y; State; Zip Code
	7 Description of investment	
	8 Amount of investment (\$)	
Date	Name of person from whom investment is purchased	
	Address of person from whom investment is purchased; Cit	y; State; Zip Code
	Description of investment	
	Amount of investment (\$)	
	<u>.</u>	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDUL	E AS NEEDED

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

#### SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Event Expense Loan Repayment/Relmbursement Solicitation/Fundraising Expense Accounting/Banking Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Contributions/Donations Made By Food/Beverage Expense Glft/Awards/Memorials Expense Polling Expense Travel In District Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 2 FILER NAME 1 Total pages Schedule F4: 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date 6 Payee name 7 Amount (\$) 8 Payee address; Zip Code City; State; 9 TYPE OF Political Non-Political **EXPENDITURE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State; Zip Code TYPE OF Non-Political Political **EXPENDITURE** Description Category (See Categories listed at the top of this schedule) **PURPOSE EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundralsing Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Consulting Expense Pollina Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Travel Out Of District Printing Expense 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 G: 2 FILER NAME 4 Date 5 Payee name 6 Amount (\$) 7 Payee address; Zíp Code City; State; Reimbursement from political contributions intended 8 (a) Category (See Calegories listed at the top of this schedule) (b) Description PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas, Complete Schedule T. (c) Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; State: Zip Code City; Reimbursement from political contributions intended Description Category (See Categories listed at the top of this schedule) PURPOSE OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas, Complete Schedule T. Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; Zip Code City; State: Reimbursement from political contributions Description Category (See Categories listed at the top of this schedule) PURPOSE **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct 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

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Advertising Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Consulting Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Poling 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. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule H: 2 FILER NAME 4 Date Business name 6 Amount (\$) 7 Business address; City; State; Zip Code (a) Category (See Categories listed at the top of this schedule) (b) Description 8 **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense (c) Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Date Business name Business address; Zip Code Amount (\$) City; State; Description Category (See Categories listed at the top of this schedule) **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T, Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Date Business name Amount (\$) Business address: Zip Code City; State; Description Category (See Categories fisled at the top of this schedule) PURPOSE OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE I

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.			
1 Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address;	City State	e Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type required.)	e of information
Date	Payee name	•	
Amount (\$)	Payee address;	City State	e Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type required.)	e of information
Date	Payee name		
Amount (\$)	Payee address;	City State	e Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type required.)	oe of information
Date	Payee name		
Amount (\$)	Payee address;	City State	e Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding by required.)	pe of information
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

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

## SCHEDULE K

if the	requested information is not applicable, DO NOT Include this pag	ge in tite report.			
	The Instruction Guide explains how to complete this form.				
2 FILER	NAME	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			
	7 Purpose for which amount is received Chec	ck 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 Chec	ck 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 Chec	ck 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 Chec	ck if political contribution returned to filer			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

### IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

#### SCHEDULE T

If the requested information is not applicable, DO NOT include this page in the report

If the requested information is not applicable, DO NOT include this page in	n tne report.		
The Instruction Guide explains how to complete this form.	1 Total pages Schedule T:		
2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee			
5 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		
6 Dates of travel 7 Name of person(s) traveling			
8 Departure city or name of departure location			
9 Destination city or name of destination location			
10 Means of transportation 11 Purpose of travel (including name of conference, se	eminar, or other event)		
Name of Contributor / Corporation or Labor 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			
Departure city or name of departure location			
Destination city or name of destination location			
Means of transportation Purpose of travel (including name of conference, so	eminar, or other event)		
Name of Contributor / Corporation or Labor 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			
Departure city or name of departure location			
Destination city or name of destination location			
Means of transportation Purpose of travel (including name of conference, seminar, or other event)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **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 Git/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overthead/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 F1:	2 FILER NAME		3 Filer ID (Ethics	Commission Filers)
	Jace Delgado		•••	
4 Date	5 Payee name			
11107	SPC	nonannon.		er a i
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
15/02.71	515 S Dumas	Dumas	TX	79029
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Drinting	door ha	ngers	
	(c) 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/OF	Candidate / Officeholder name I	Office sought		Office held
Date	Payee name			
11/07	VistaDrint			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$ 267.19	075 Wyman St	waltham	MA	0245
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	A 2' '	Vard Cian	_	
EXPENDITURE	Advertising	Yard Sign	7.2	
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
11106	Amazan			:
Amount (\$)	Payee address;	City;	State;	Zip Code
\$ 108.24	440 Terry Ave N	seattle	WA	98/09
	Category (See Categories listed at the top of this schedule)	Description	•	
PURPOSE OF			<i>~</i> — —	
EXPENDITURE	Advertising	Yard Sign	Stakes	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	ı, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **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

Candidate/Officeholder/Politica Credit Card Payment	•	ages/Contract Labor Other (enter a category not listed above)
	The Instruction Guide explains how to c	omplete this form.
1 Total pages Schedule F1:	Jace Ollando	3 Filer ID (Ethics Commission Filers)
4 Date	5 Pavee name	
11/14	Bill Knight - Moure	County Republican Chair City: State; Zip Code
6 Amount (\$)	7 Payee address;	City; State; Zip Code
4760		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE		
OF EXPENDITURE	Fee	Filing Fee
	(c) 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 I	Office sought Office held
Date	Payee name	
11/15	Pannande Prints &	Designs LLC
Amount (\$)	Payee address;	City; State; Zip Code
B74.69	201 N Dumas	Dumas TX 79029
-	Category (See Categories listed at the top of this schedule)	Description
PURPOSE		
OF EXPENDITURE	Advertising	Business Cards
EXPENDITORE	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name	Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Office adugnit Office field
Date	Payee name	
11/20	Spc	
Amount (\$)	Payee address;	City; State; Zip Code
\$84.44	515 S Dumas	Dumas TX 79029
***************************************	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF		
EXPENDITURE	Printing	door hangers
	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/Ol	Candidate / Officeholder name H	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED
		Davis at AAIAEIO

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By

**Event Expense** Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/V  The instruction Guide explains how to c	vages/Contract Labor omplete this form.	Other (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME Jace Delgado		3 Filer ID (Ethics Commission Filer	rs)
4 Date	5 Payee name Walmart			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
\$ 32.16	2003 s Dumas	Oumas	TX 79020	7
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Printing	Copy pa	per/card stock	. ,
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, 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	
Date	Payee name			
11/30	First National Bar	Λ <b>Ł</b>		
Amount (\$)	Payee address;	City;	State; Zip Code	
47	1201 E 1st	Dumas	TX 79029	<u></u>
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF		0 11-	01	
EXPENDITURE	Fec	) Somice	Charge	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
12/08	Home Deput			
Amount (\$)	Payee address;	Cíty;	State; Zip Code	
\$32.24	2500 Sonoy	Amarillo	TX	
	Category (See Categories listed at the top of this schedule)	Description	1	
PURPOSE OF		5:00 = 5	mersized)	
EXPENDITURE	Haventising	1 Dalls	010, 210,	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

The Instruction Guide explains how to complete this form.

Transportation Equipment & Related Expense Travel In District Travel Out Of District				
Other (enter a category not listed above)				
3 Filer ID (Ethics Commission Filers)				
State; Zip Code				
evandria, VA 20307				
Charge				
in, TX, officeholder living expense				
Office held				
State; Zip Code				
ndvia VA 22307				
Crarge				
in, TX, officeholder living expense				
Office held				
State; Zip Code				
s TX 79029				
signs				
in, TX, officeholder living expense				
Office held				

1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Cor	nmission Filers)
4 Date	5 Payee name			
12/6	Donor Box			
6 Amount (\$)	7 Payee address;	City;	State; Z	Zip Code
\$ 4.95			eyandina, VA	22307
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Fel	service	Charge	-
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expe	ense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Offi	ce held
Date	Payee name			
11/16	Donorbox			
Amount (\$)	Payee address;	City;	State; 2	Zip Code
BO.77	1520 Belleview Blud4	hole Alexa	ndria VA 2	2307
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE			^ -	
OF EXPENDITURE	Lec .	Service	Crarge	-
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expe	ense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Offi	ce held
Date	Payee name			
12/11	Family Farm	Store		
Amount (\$)	Payee address;	City;	State;	Zip Code
# 14.22	501 N Dumas	Duma	s TX	79029
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF		T. bost		
EXPENDITURE	Advertising	1 tw	SIGNS	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expe	ense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Of	fice held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				
Forms provided by Texas Ethics Commission www.ethics.state.tx.us Revised 11/15/2022				

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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/Fundralsing Expense Transportation Equipment & Related Expense

Travel In District Travel Out Of District Other (enter a category not listed above)

	The Instruction Guide explains how to c	complete this form.	
1 Total pages Schedule F1:	2 FILER NAME Jack Dugado	3 Filer ID (Ethics Commission Filers)	
4 Date	6 Payee name		
12/11	walmart		
6 Amount (\$)	7 Payee address;	City; State; Zip Code	
#le4.53	2003 S Dumas	Dumas TX 79029	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE		zip ties for signs	
OF EXPENDITURE	Advertising	Vinyl for signs	
	(c) 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		
12120	Home Depot		
Amount (\$)	Payee address;	City; State; Zip Code	
# 151.46	2600 Sonay	Amanillo TX	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE		signs ( oversized)	
OF EXPENDITURE	Advertising	signs ( oversized)	
	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/OI	Candidate / Officeholder name ł	Office sought Office held	
Date	Payee name		
12121	Amazan		
Amount (\$)	Payee address;	City; State; Zip Code	
N38.34	440 Terry Ave N	Seattle WA 98109  Description  Vinyl for Signs	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF		Vinyl for signs	
EXPENDITURE	Adversising	11 12.	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held	
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## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By

Event Expense Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

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

Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/W The Instruction Guide explains how to co	ages/Contract Labor	Other (enter a category not listed above)
1 Total pages Schedule F1:		-	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name Vista Print		
6 Amount (\$) \$ 250.65	7 Payee address;	city; Waltnan	State; Zip Code
A Do	275 Wyman St	<b>82</b>	MA 02451
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	,
OF EXPENDITURE	Advertising	Yard S	igns
	(c) Check if travel outside of Texas, Complete Schedule T.		n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12/3/	First National Ban	nK	
Amount (\$)	Payee address;	City;	State; Zip Code
# 7	1201 & 1st	Dumas	TX 79029
PURPOSE	Category (See Categories listed at the top of this schedule)	Description	
OF EXPENDITURE	Fel	Sonice	Charge
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12/07	The Collective of	Dumas	3
Amount (\$)	Payee address;	City;	State; Zip Code
#324°	605 5 Dunas	Dumas	TX 79029
BHBBOSE	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	event expense	meet	& Greet
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED
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## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense
Contributions/Donations Made By

**Event Expense** Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/V  The Instruction Guide explains how to o		Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME  Jace Dolgado	3	Filer 1D (Ethics Commission Filers)
4 Date 12 105	5 Payee name KDDD Radio		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$500	408 N Dumas	Onmas	TX 79029
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Advertising	Madio	Ad
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, T	X, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
12/24	Weeply		
Amount (\$)	Payee address;	City;	State; Zip Code
\$ 17.0ce	1955 Broadway Stel	e00 oaklan	rd, CA 94612
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	Advertising	rebsita	
EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T.	<u> </u>	X, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
11/24	Weeply		
Amount (\$)	Payee address;	City;	State; Zip Code
\$17.06		COCPO	ind CIA 94612
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising	Website	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, T	X, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	ED
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#### SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
7	Jace Dergado		
4 Date	5 Full name of contributor  ut-of-state PAC	; (ID#:)	7 Amount of contribution (\$)
	Jace & Irene Deigodo		
11/12	6 Contributor address; City;	State; Zip Code	<b>\$500</b>
112	1108 NE 4th Dumas	TX 79029	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ions)
Date	_	C (ID#:)	Amount of contribution (\$)
	[Carol & Miguel Nevaro	2	
11/20	Contributor address; City;	State; Zip Code	\$ 200
•	409 Beard Dumas	TX 79029	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date		C (ID#:)	Amount of contribution (\$)
W. i	Jace & were Oligado	)	
714	Contributor address; City;	State; Zip Code	\$ 200
	1108 NE UT Dumas	TX 79029	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date			
Date		C (ID#:)	Amount of contribution (\$)
1	Jace & Irene Delgado		
OI	Contributor address; City;	State; Zip Code	\$ 450
1 10	110x NE 4th Dumas -	TX 79029	, (
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)

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

## SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Jace Delgado		
4 Date	<b>5</b> Full name of contributor ☐ out-of-state PAC (	(ID#:)	7 Amount of contribution (\$)
11/10	Vene Delgado  6 Contributor address; City;	State; Zip Code	\$10
	1108 NE 4th Dumas T	TX 79029	
8 Principal occu		9 Employer (See Instructi	ions)
Date	Full name of contributor		Amount of contribution (\$)
12/5	Jace a vere Delgas Contributor address; City;	dO State; Zip Code	\$ 300
•	1108 NE4th Dumas	TX 79079	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)			
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
	Kathie Fuston		12 2 2
12/06	Contributor address; City;	State; Zip Code	k1 100
	212 (arson Dymas -	TX 19029	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date .		(ID#:)	Amount of contribution (\$)
12/16	Mary & Tony Brazell Contributor address; City;	State; Zip Code	N 500
	130 EL Pago Dumas	TX 79029	(-)
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	ions)

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

#### SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

in the requested information to het applicable, De Not information page in the report.				
The	Instruction Guide explains how to complete this	1 Total pages Schedule A1:		
2 FILER NAME	Jace Delgado		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor  ut-of-state PAC	(ID#:)	7 Amount of contribution (\$)	
12/28	Tace & Irene Delgado  6 Contributor address; City;	State; Zip Code	x500	
	1108 NE 4th Dumas	TX 79029		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)	
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)	
	Contributor address; City;	State; Zip Code		
Principal occupation / Job title (See Instructions)  Employer (See Instructions)			tions)	
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)	
	Contributor address; City;	State; Zip Code		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)	
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)	
	Contributor address; City;	State; Zip Code		
Principal occupation / Job title (See Instructions)  Employer (See Instructions)			tions)	

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