CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 1** CAMPAIGN FINANCE REPORT 2 Total pages filed: 1 Filer ID (Ethics Commission Filers) The C/OH Instruction Guide explains how to complete this form. CANDIDATE / MS / MRS / MR OFFICE USE ONLY **OFFICEHOLDER** Jorge D NAME Date Received NICKNAME LAST SUFFIX JD Delgado ADDRESS / PO BOX; APT / SUITE #; 4 CANDIDATE / CITY: STATE; ZIP CODE **OFFICEHOLDER** PO Box 451269, Laredo, TX 78045 **MAILING ADDRESS** Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER **EXTENSION** Date Hand-delivered or Date Postmarked OFFICEHOLDER (956)251-5318 PHONE Receipt # Amount \$ FIRST MS / MRS / MR MI 6 CAMPAIGN **TREASURER** Julio Mr. Date Processed NAME NICKNAME LAST SUFFIX Date Imaged Delgado STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE CAMPAIGN **TREASURER** PO Box 451269, Laredo, TX 78045 **ADDRESS** (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER EXTENSION **TREASURER** PHONE (956 251-5318 9 REPORT TYPE 15th day after campaign January 15 30th day before election Runoff treasurer appointment (Officeholder Only) Exceeded Modified Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD Day Day Month Year COVERED 7 1 24 26 / 24 THROUGH ELECTION DATE ELECTION TYPE 11 ELECTION Primary Runoff Other Month Day Year Description General Special 5 11 24 OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE Laredo College Board of Trustee, Position 4 Laredo College Board of Trustee, Position 4 14 NOTICE FROM 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 OFFICEHOLDER'S KNOWLEDGE OR **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 2 CAMPAIGN FINANCE REPORT** 15 C/OH NAME 16 Filer ID (Ethics Commission Filers) Jorge "JD" Delgado 17 CONTRIBUTION TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN 5,100.00 **TOTALS** PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 2. **TOTAL POLITICAL CONTRIBUTIONS** 5,100.00 (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **EXPENDITURE** 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. 5,624.69 **TOTALS** 5,624.69 **TOTAL POLITICAL EXPENDITURES** CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY 0.00**BALANCE** OF REPORTING PERIOD **OUTSTANDING** 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE 0.00LOAN TOTALS LAST DAY OF THE REPORTING PERIOD **18 SIGNATURE** I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 18, Election Code. Signature te or Officeholder San Juana Eunice Espinoza Exp. 8/13/2025 0 Please complete either option below: (1) Affidavit NOTARY STAMP/SEAL Sworn to and subscribed before me by C ceptify which, witness my hand and seal of office Signature of officer administering oath Printed name of officer administering oath (2) Unsworn Declaration My name is _ __, and my date of birth is _ My address is ____ (street) (city) (zip code) (country) Executed in _____ County, State of _ _____, on the ___ (year) Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME	20 Filer ID (Ethics Commission Filers)		ion Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	5,100.00	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$		
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE E: LOANS		\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	1	\$	
9.	■ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUI	NDS	\$	5,624.69
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$	

MONETARY POLITICAL CONTRIBUTIONS

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 Jorge "JD"	" Delgado	3 Filer ID (Ethics Commission Filers)						
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Juan Mercado		7 Amount of contribution (\$)					
09/25/2024	6 Contributor address;	City;	State; Zip Code	100.00				
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)								
Date	Full name of contributor Guillermo Cavazos	1 1		Amount of contribution (\$)				
09/26/2024	Contributor address;	City;	State; Zip Code	1,000.00				
Principal occup	Dation / Job title (See Instructions)		Employer (See Instruc	tions)				
Date	Full name of contributor out-of-state PAC (ID#:		C (ID#:)	Amount of contribution (\$)				
09/17/2024	Contributor address;	City; State; Zip Code		2,500.00				
Principal occup	 pation / Job title (See Instructions)	·	Employer (See Instruc	tions)				
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)				
09/24/2024	Contributor address;	City;	State; Zip Code	1,500.00				
Principal occupation / Job title (See Instructions)			Employer (See Instructions)					
	ATTACH ADDITION If contributor is out-of-state PAC,		OF THIS SCHEDULE AS N ruction guide for additional					

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 Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic Credit Card Payment	Fees Of Food/Beverage Expense Pood/Beverage Expense Pood/Beverage Expense Proof Food Food Food Food Food Food Food F	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/ContractLabor ains 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 G:	Jorge "JD" Delgado				3 Filer ID (Ethics Commission Filers)			
4 Date	5 Payee name							
09/16/2024								
6 Amount (\$) 300.00 Reimbursement from political contributions intended	7 Payee address;		City;		State;	Zip Code		
8 PURPOSE	(a) Category (See Categories listed at the top of this sched	dule)	(b) Description					
OF EXPENDITURE	Advertising	Advertising						
	(c) Check if travel outside of Texas. Complete Schedul	lete Schedule T. Check if Austin, TX, officeholder living expense						
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Jorge "JD" Delgado		Office sought LC Board of Trustees #4 LC Bo			Office held oard of Trustees #4		
Date	Payee name							
09/18/2024	Hammrod News							
Amount (\$) 250.00 Reimbursementfrem political contributions intended	Payee address;		City;		State;	Zip Code		
	Category (See Categories listed at the top of this sched	dule)	Description					
PURPOSE OF EXPENDITURE	Advertising Advertising							
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living exp					pense		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH Jorge "JD" Delgado	Office sought LC Board of Trustee		Office held S #4 LC Board of Trustees				
Date	Payee name							
09/19/2024	Angel Designs							
Amount (\$) 230.00 Reimbursement from political contributions intended	Payee address;		City;	:	State;	Zip Code		
DUDDCC-	Category (See Categories listed at the top of this sched	dule)	Description					
PURPOSE OF EXPENDITURE	Graphic Design	Graphic Design						
	Check if travel outside of Texas. Complete Schedule T. Check if Austin,				n, TX, officeholder living expense			
Complete ONLY if direct	Candidate / Officeholder name		Office sought			Office held		
expenditure to benefit C/OH Jorge "JD" Delgado LC Board of Trustees #4 LC Board of Trustees #4					of Trustees #4			
	ATTACH ADDITIONAL COPIES OF T	THIS SO	CHEDULE AS NEED	ED				

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 Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment	Fees Of Food/Beverage Expense Pood/Beverage Expense Pood/Beverage Expense Pood/Beverage Expense Pood Food Food Food Food Food Food Food	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ns how to complete this form.		Travel In Di	Expense nt & Related Expense not listed above)			
1 Total pages Schedule G:	2 FILER NAME Jorge "JD" Delgado				3 Filer ID (Ethics Commission Filers)			
4 Date 09/04/2024	5 Payee name Laredo Morning Times				:			
6 Amount (\$) 7 Payee address; City; 650.00 Reimbursement from political contributions intended				State;	Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising (b) Description Meet the Candidate							
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Jorge "JD" Delgado		ce sought ard of Trustees	s #4 L0		office held of Trustees #4		
Date 09/03/2024	Payee name Miguel Villarreal							
Amount (\$) 1,726.59 Reimbursement from political contributions intended	6.59 Reimbursement from political contributions				State;	Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched		Description ampaign Sig	ns				
	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/6	Candidate / Officeholder name Office sought H Jorge "JD" Delgado LC Board of Trustee		Office held es #4 LC Board of Trustees #4					
09/09/2024	Payee name Miguel Villarreal							
Amount (\$) 2,468.10 Reimbursement from political contributions intended	Payee address;		City;	St	ate;	Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched	С	Description ampaign Sig					
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, or				X, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Jorge "JD" Delgado	Office sought LC Board of Trustees #			Office held #4 LC Board of Trustees #4			
	ATTACH ADDITIONAL COPIES OF T	HIS SCHE	DILLE AS NEED	ED				