

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.			1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME MS / MRS / MR Mr. FIRST Andrés MI NICKNAME Campos - Delgado LAST SUFFIX			OFFICE USE ONLY Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ADDRESS / PO BOX: [REDACTED] APT / SUITE #: [REDACTED] CITY: New Braunfels STATE: TX ZIP CODE: 78130			1-16-2025	
5 CANDIDATE/ OFFICEHOLDER PHONE AREA CODE (830) PHONE NUMBER 660-8992			Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME MS / MRS / MR Mr. FIRST Afranacio MI NICKNAME Nocho LAST Campos SUFFIX			Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: 496 S. Castell Ave CITY: New Braunfels STATE: TX ZIP CODE: 78130 (Residence or Business)			Date Processed Date Imaged	
8 CAMPAIGN TREASURER PHONE AREA CODE (830) PHONE NUMBER 620-1515				
9 REPORT TYPE <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)				
10 PERIOD COVERED Month 7 Day 10 Year 24 THROUGH			Month 1 Day 14 Year 2025	
11 ELECTION ELECTION DATE Month 5 Day 3 Year 2025			ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE OFFICE HELD (if any) NB City Council Dist. F			13 OFFICE SOUGHT (if known) NB City Council D1	
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages			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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC			COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS	

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

Andrés Campos-Delgado

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION
TOTALS

1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 500.00
2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5200.00

EXPENDITURE
TOTALS

3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 60.89
4.	TOTAL POLITICAL EXPENDITURES	\$ 60.89

CONTRIBUTION
BALANCE

5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 5,139.11
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OUTSTANDING
LOAN TOTALS

6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00
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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 15, Election Code.



Signature of Candidate or Officeholder



(1) Affidavit

Please complete either option below:

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Andrés Campos-Delgado this the 16 day of January
20 25, to certify which, witness my hand and seal of office.

Elizabeth G. Wilkinson
Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.

(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20 _____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

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: <i>2</i>
2 FILER NAME <i>Andrés Campos - Delgado</i>			3 Filer ID (Ethics Commission Filers)
4 Date <i>7/30/2024</i>	5 Full name of contributor <i>Kelly & Eric Traeger</i>	<input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) <i>\$1,500</i>
	6 Contributor address: [REDACTED]	City: _____ State: _____ Zip Code: _____ <i>New Braunfels Tx 78132</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date <i>11/7/24</i>	Full name of contributor <i>Sen Mateo LLC</i>	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>\$1,000</i>
Contributor address: [REDACTED]		City: _____ State: _____ Zip Code: _____ <i>New Braunfels Tx 78130</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>11/7/24</i>	Full name of contributor <i>Seals Family Properties LLC</i>	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>\$1,000</i>
Contributor address: 392 W. Mill St. New Braunfels, Tx 78130		City: _____ State: _____ Zip Code: _____	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>11/20/24</i>	Full name of contributor <i>Wes Studdard</i>	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>\$500</i>
Contributor address: [REDACTED]		City: _____ State: _____ Zip Code: _____ <i>New Braunfels Tx 78130</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

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: <u>2</u>
2 FILER NAME <u>Andrés Campos-Delgado</u>			3 Filer ID (Ethics Commission Filers)
4 Date <u>12/21/24</u>	5 Full name of contributor <u>James Wiggins</u> Contributor address: [REDACTED]	<input type="checkbox"/> out-of-state PAC (ID#: City: _____ State: _____ Zip Code <u>New Braunfels, Tx 78130</u>	7 Amount of contribution (\$) <u>\$200.00</u>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date <u>11/27/24</u>	Full name of contributor <u>2Tarts Catering</u> Contributor address: <u>139 N. Castell Ave</u>	<input type="checkbox"/> out-of-state PAC (ID#: City: _____ State: _____ Zip Code <u>New Braunfels Tx 78130</u>	Amount of contribution (\$) <u>\$500.00</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor Contributor address;	<input type="checkbox"/> out-of-state PAC (ID#: City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor Contributor address;	<input type="checkbox"/> out-of-state PAC (ID#: City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

SUBTOTALS - C/OH**FORM C/OH
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19 FILER NAME	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <u>4700.00</u>
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <u> </u>
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <u> </u>
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$ <u> </u>
5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <u> </u>
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <u> </u>
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ <u> </u>
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <u> </u>
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <u> </u>
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ <u> </u>
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <u> </u>
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <u> </u>