

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: <u>5</u>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <u>Mr.</u>	FIRST <u>Andre's</u>	MI <u></u>
	NICKNAME <u></u>	LAST <u>Campos - Delgado</u>	SUFFIX <u></u>
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: <u>[REDACTED]</u> APT / SUITE #: <u></u> CITY: <u>New Braunfels Tx</u> STATE: <u></u> ZIP CODE: <u>78130</u>		
	AREA CODE: <u>(830)</u> PHONE NUMBER: <u>660-8992</u> EXTENSION: <u></u>		
5 CANDIDATE / OFFICEHOLDER PHONE	STREET ADDRESS (NO PO BOX PLEASE): <u>496 S. Castell Ave</u> CITY: <u>New Braunfels</u> STATE: <u>Tx</u> ZIP CODE: <u>78130</u>		
	AREA CODE: <u>(830)</u> PHONE NUMBER: <u>620-1515</u> EXTENSION: <u></u>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <u>Mr.</u>	FIRST <u>Atencio.</u>	MI <u></u>
	NICKNAME <u>Nacho</u>	LAST <u>Campos</u>	SUFFIX <u></u>
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): <u>496 S. Castell Ave</u> CITY: <u>New Braunfels</u> STATE: <u>Tx</u> ZIP CODE: <u>78130</u>		
	AREA CODE: <u>(830)</u> PHONE NUMBER: <u>620-1515</u> EXTENSION: <u></u>		
8 CAMPAIGN TREASURER PHONE	STREET ADDRESS (NO PO BOX PLEASE): <u>496 S. Castell Ave</u> CITY: <u>New Braunfels</u> STATE: <u>Tx</u> ZIP CODE: <u>78130</u>		
	AREA CODE: <u>(830)</u> PHONE NUMBER: <u>620-1515</u> EXTENSION: <u></u>		
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 <u>7</u> Day <u>01</u> Year <u>24</u> THROUGH Month <u>1</u> Day <u>14</u> Year <u>2025</u>		
11 ELECTION	ELECTION DATE: Month <u>5</u> Day <u>3</u> Year <u>2025</u>		ELECTION TYPE: <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <u></u>
	<input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any): <u>NB City Council Dist 1</u>		
	OFFICE SOUGHT (if known): <u>NB City Council D1</u>		
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	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME <u>Andrés Campos-Delgado</u>		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)	\$ <u>500.00</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>5200.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>60.89</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>60.89</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>5,139.11</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0.00</u>

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]

Signature of Candidate or Officeholder



Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Andres Campos Delgado this the 16 day of January 20 25, to certify which, witness my hand and seal of office.
Elizabeth G. Wilkinson Elizabeth G. Wilkinson City Secretary
 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: <u>2</u>
2 FILER NAME <u>Andrés Campos - Delgado</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>7/30/2024</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Kelly & Eric Traeger</u> 6 Contributor address; City; State; Zip Code <div style="background-color: black; width: 150px; height: 1.2em; display: inline-block;"></div> <u>New Braunfels Tx 78132</u>	7 Amount of contribution (\$) <u>\$1,500</u>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>11/7/24</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>San Mateo LLC</u> Contributor address; City; State; Zip Code <div style="background-color: black; width: 150px; height: 1.2em; display: inline-block;"></div> <u>New Braunfels Tx 78130</u>	Amount of contribution (\$) <u>\$1,000</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>11/7/24</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Seals Family Properties LLC</u> Contributor address; City; State; Zip Code <u>392 W. Mill St. New Braunfels, Tx 78130</u>	Amount of contribution (\$) <u>\$1,000</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>11/20/24</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Wes Shuddard</u> Contributor address; City; State; Zip Code <div style="background-color: black; width: 150px; height: 1.2em; display: inline-block;"></div> <u>New Braunfels Tx 78130</u>	Amount of contribution (\$) <u>\$ 500</u>
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: 2
2 FILER NAME Andrés Campos - Delgado		3 Filer ID (Ethics Commission Filers)
4 Date 12/2/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Wiggins Contributor address; City; State; Zip Code [REDACTED] New Browns, Tx 78130	7 Amount of contribution (\$) \$ 200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/27/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 2Tarts Catering Contributor address; City; State; Zip Code 139 N. Castell Ave New Browns Tx 78130	Amount of contribution (\$) \$ 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; 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
COVER SHEET PG 3****19 FILER NAME****20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

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