

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

<b>The C/OH Instruction Guide explains how to complete this form.</b>		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR	FIRST <b>Carolyn</b>	MI	<b>OFFICE USE ONLY</b>  Date Received: <b>RECEIVED</b>  <b>APR 02 2026</b>  <b>ALAMO COLLEGES DISTRICT OFFICE OF LEGAL SERVICES</b>  Date Hand-delivered or Date Postmarked  Receipt # _____ Amount \$ _____  Date Processed _____  Date Imaged _____
	NICKNAME	LAST <b>DeLecour</b>	SUFFIX	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE <b>112 W. Mulberry Ave. San Antonio TX 78212</b>	
Change of Address				
<b>5 CANDIDATE/ OFFICEHOLDER PHONE</b>	AREA CODE <b>(210 )</b>	PHONE NUMBER <b>823-5338</b>	EXTENSION	
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR	FIRST <b>Veronica</b>	MI	
	NICKNAME	LAST <b>Rosas-Tatum</b>	SUFFIX	
<b>7 CAMPAIGN TREASURER ADDRESS</b>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;		CITY; STATE; ZIP CODE <b>11750 Parrigin Rd. Helotes TX 78023</b>	
(Residence or Business)				
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE <b>(210 )</b>	PHONE NUMBER <b>860-8546</b>	EXTENSION	
<b>9 REPORT TYPE</b>	<input type="checkbox"/> January 15 <input checked="" 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)			
<b>10 PERIOD COVERED</b>	Month	Day	Year	
	<b>2</b>	<b>12</b>	<b>26</b>	
	THROUGH		Month	
			Day	
			Year	
			<b>3</b> / <b>23</b> / <b>26</b>	
<b>11 ELECTION</b>	ELECTION DATE		ELECTION TYPE	
	Month	Day	Year	
	<b>5</b>	<b>2</b>	<b>26</b>	
			<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
<b>12 OFFICE</b>	OFFICE HELD (if any)		<b>13 OFFICE SOUGHT (if known)</b> <b>ACCD Trustee District 9</b>	
<b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b>	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.			
Additional Pages	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

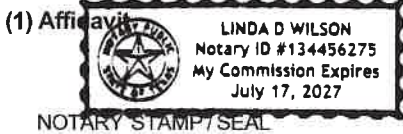
FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME		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)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,915.61
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 15.99
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE 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 15, Election Code.

*Carolyn Ann Delecour*  
Signature of Candidate or Officeholder

Please complete either option below:



Sworn to and subscribed before me by Carolyn Ann Delecour this the 2nd day of April, 2026, to certify which, witness my hand and seal of office.

Linda D. Wilson Signature of officer administering oath  
Linda D. Wilson Printed name of officer administering oath  
Board Liaison / Election Admin 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)

# SUBTOTALS - C/OH

**FORM C/OH  
COVER SHEET PG 3**

<b>19 FILER NAME</b> Carolyn DeLecour		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		<b>SUBTOTAL AMOUNT</b>
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 1,915.61
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS		\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 15.99
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 FUNDS		\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

# 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: <b>4</b>
2 FILER NAME <b>Carolyn DeLecour</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>03/12/2026</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Suzel Molina</b> 6 Contributor address; City; State; Zip Code <b>unavailable at this time</b>	7 Amount of contribution (\$) <b>100.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>03/13/2026</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Aurora Yanez</b> Contributor address; City; State; Zip Code <b>unavailable at this time</b>	Amount of contribution (\$) <b>250.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>03/13/2026</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Rafael Castillo</b> Contributor address; City; State; Zip Code <b>unavailable at this time</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>03/13/2026</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Paul Martinez</b> Contributor address; City; State; Zip Code <b>unavailable at this time</b>	Amount of contribution (\$) <b>100.00</b>
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

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1 Total pages Schedule A1: **4**

2 FILER NAME

**Carolyn DeLecour**

3 Filer ID (Ethics Commission Filers)

4 Date

03/14/2026

5 Full name of contributor

**Tony Villanueva**

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

**18.93**

6 Contributor address;

City;

State;

Zip Code

**tvmc@yahoo.com**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

03/15/2026

Full name of contributor

**Daniel Rodriguez**

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**200.00**

Contributor address;

City;

State;

Zip Code

**unavailable at this time**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/15/2026

Full name of contributor

**Monica Cruz**

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**200.00**

Contributor address;

City;

State;

Zip Code

**cruzmonicad@gmail.com**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/15/2026

Full name of contributor

**Michael Mueller**

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**50.00**

Contributor address;

City;

State;

Zip Code

**chadmuelle2013@gmail.com**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME <b>Carolyn DeLecour</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>03/15/2026</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Veronica Luna</b> 6 Contributor address; City; State; Zip Code <b>Veronicaluna06@gmail.com</b>	7 Amount of contribution (\$)  <b>19.40</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>03/15/2026</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Veronica Rosas-Tatum</b> Contributor address; City; State; Zip Code <b>veronicart@aol.com</b>	Amount of contribution (\$)  <b>242.28</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>03/20/2026</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Joseph Coppola</b> Contributor address; City; State; Zip Code <b>unavailable at this time</b>	Amount of contribution (\$)  <b>200.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>03/20/2026</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Lori Rodriguez</b> Contributor address; City; State; Zip Code <b>unavailable at this time</b>	Amount of contribution (\$)  <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME <b>Carolyn DeLecour</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>03/20/2026</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Amanda Salinas</b> 6 Contributor address; City; State; Zip Code <b>unavailable at this time</b>	7 Amount of contribution (\$) <b>75.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>03/22/2026</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>David Mancha</b> Contributor address; City; State; Zip Code <b>unavailable at this time</b>	Amount of contribution (\$) <b>10.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>03/22/2026</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Carmen Velasquez</b> Contributor address; City; State; Zip Code <b>latinavoter@gmail.com</b>	Amount of contribution (\$) <b>250.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling 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.**

<b>1</b> Total pages Schedule F1: <b>1</b>	<b>2</b> FILER NAME <b>Carolyn DeLecour</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>03/23/2026</b>	<b>5</b> Payee name <b>Linktree</b>	
<b>6</b> Amount (\$) <b>15.99</b>	<b>7</b> Payee address; City; State; Zip Code <b>linktr.ee</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Solicitation/Fundraising Expense</b>	<b>(b)</b> Description <b>Subscription</b>
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float: right;">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float: right;">Office held</span>
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. <span style="float: right;">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float: right;">Office held</span>
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. <span style="float: right;">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float: right;">Office held</span>

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