

|  |
|--|
|  |
|  |
|  |

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME **.340'&-'76"15"** 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S) 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.

|  |                                      |                |
|--|--------------------------------------|----------------|
| <input type="checkbox"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC<br><br><input type="checkbox"/> Additional Pages | COMMITTEE TYPE                       | COMMITTEE NAME |
|  | COMMITTEE ADDRESS                    |                |
|  | COMMITTEE CAMPAIGN TREASURER NAME    |                |
|  | COMMITTEE CAMPAIGN TREASURER ADDRESS |                |

|                         |  |    |
|-------------------------|--|----|
| 17 CONTRIBUTION TOTALS  | 7 2 7 \$ / 8 1 , 7 ( 0 , = ( 3 2 / , 7 , & \$ & 2 1 7 5 , % 8 7 , 2 1 6 2 7 7 + ( \$ 1 3 / ( ' * ( 6 / 2 \$ 1 6 2 5 * 8 \$ 5 \$ 1 7 ( ( 6 2 ) / 2 \$ 1 6 2 5 & 2 1 7 5 , % 8 7 , 2 1 6 0 \$ ' ( / ( & 7 5 2 1 , & \$ / / < | \$ |
| EXPENDITURE TOTALS      | 7 2 7 \$ / 3 2 / , 7 , & \$ & 2 1 7 5 , % 8 7 , 2 1 6 2 7 + ( 5 7 + \$ 1 3 / ( ' * ( 6 / 2 \$ 1 6 2 5 * 8 \$ 5 \$ 1 7 ( ( 6 2 ) / 2 \$ 1 6   | \$ |
| CONTRIBUTION BALANCE    | 7 2 7 \$ / 3 2 / , 7 , & \$ & 2 1 7 5 , % 8 7 , 2 1 6 0 \$ , 1 7 \$ \$ , d ( 2 ) 7 + ( / \$ 6 7 \$ < 2 ) 5 ( 3 2 5 7 , 1 * 3 ( 5 , 2 '   | \$ |
| OUTSTANDING LOAN TOTALS | 7 2 7 \$ / 3 5 , 1 & , 3 \$ 0 2 8 1 7 2 ) \$ / / 2 8 7 6 7 \$ 1 ' , 1 * 2 \$ 1 6 \$ e ) 7 + ( / \$ 6 7 ' \$ < 2 ) 7 + ( 5 ( 3 2 5 7 , 1 * 3 ( 5 , 2 '  | \$ |

18 AFFIDAVIT 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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

# SUBTOTALS - C/OH

# FORM C/OH COVER SHEET PG 3

|                                       |   |
|---------------------------------------|---|
| <b>19 FILER NAME</b><br>.340'&-:~%15" | <b>20 Filer ID (Ethics Commission Filers)</b> |
|---------------------------------------|---|

| <b>21 SCHEDULE SUBTOTALS</b><br>NAME OF SCHEDULE  | SUBTOTAL<br>AMOUNT |
|---|--------------------|
| 1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                       | \$                 |
| 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 | \$                 |

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:

**2** FILER NAME

**3** Filer ID (Ethics Commission Filers)

MRS. OFELIA MALDANADO ZAPATA

**4** Date

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**7** Amount of contribution (\$)

City; State; Zip Code

**8** Principal occupation / Job title (See Instructions)

**9** Employer (See Instructions)

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

10.0 .20

\$' \$ 0 3, 57

\$

Contributor address; City; State; Zip Code

5 D L Q W U H H % O Y G

\$ 8 6

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

056 2)(/, \$ 0\$/'\$ 1\$ '2 = \$ 3\$ 7\$

4 Date

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

0(/\$1,( 08//\$1

6 Contributor address; City; State; Zip Code

6KHOOH\$YH \$86,717;

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

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

725,\$ / 8 \* 2

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

056 2) (/ , \$ 0 \$ / ' \$ 1 \$ ' 2 = \$ 3 \$ 7 \$

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

6&277%&+

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code

7,0621 & 7 \$ 867,17;

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

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

(5,&\$56/(0

Amount of contribution (\$)

Contributor address; City; State; Zip Code

2/6721(†67\$867,17;

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

28% % \$ 7 / \$ 1

Amount of contribution (\$)

Contributor address; City; State; Zip Code

1250\$1'5,'†/\$1(\$867,17;

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

52%7 ' 2 \* \* ( 7 7

Amount of contribution (\$)

Contributor address; City; State; Zip Code

0%98(\$9( \$867,17;

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.

|  |                          |  |
|--|--------------------------|--|
|  | <input type="checkbox"/> |  |
|--|--------------------------|--|

|  |  |
|--|--|
|  |  |
|--|--|

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

7 Amount of contribution (\$)

8 Principal occupation / Job title (See Instructions)

9

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:                                   | <b>2</b> FILER NAME  | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Date   | <b>5</b> Payee name  |  |
| <b>6</b> Amount (\$)  | <b>7</b> City; State; Zip Code   |  |
| <b>8</b><br><br><b>PURPOSE OF EXPENDITURE</b>                       | <b>(b)</b> Description   |  |
|   | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, 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   |  |
|   | 2 ) ) , & ( ' ( 3 2 7  |  |
|   |  |  |
|   | <input type="checkbox"/>   | <input type="checkbox"/>                     |
| _____   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   | <input type="checkbox"/>   | <input type="checkbox"/>                     |
| _____   |  |  |
|   |  |  |

