

# 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: **14**

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	<b>OFFICE USE ONLY</b>	
	NICKNAME	LAST	SUFFIX		
		Claudia	A	Date Received	
		Zapata			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX,	APT / SUITE #,	CITY,	STATE,	ZIP CODE
Change of Address		[REDACTED] Kyle, TX 78640			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
		[REDACTED]			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Receipt #	
	NICKNAME	LAST	SUFFIX		
		Claudia	A	Amount \$	
		Zapata		Date Processed	
		Date Imaged			
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE),		APT / SUITE #,	CITY,	STATE, ZIP CODE
(Residence or Business)	[REDACTED] Kyle, TX 78640				
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
		[REDACTED]			
9 REPORT TYPE	<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)	
10 PERIOD COVERED	Month	Day	Year	THROUGH	Month Day Year
	8	21	23		9 28 23
11 ELECTION	ELECTION DATE		ELECTION TYPE		
	Month	Day	Year	Primary	Runoff
	11	7	23	<input checked="" type="checkbox"/> General	Special
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)		
			Kyle City Council, District 4		
14 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.				
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL	COMMITTEE ADDRESS			
	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**

<b>15 C/OH NAME</b> Claudia Zapata		<b>16 Filer ID (Ethics Commission Filers)</b>
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 103.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,198.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 141.42
	4. TOTAL POLITICAL EXPENDITURES	\$ 629.68
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 658.13
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

**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

**Please complete either option below:**

**(1) Affidavit**

NOTARY STAMP / SEAL

Sworn to and subscribed before me by \_\_\_\_\_ 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

OR

**(2) Unsworn Declaration**

My name is Claudia Zapata, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, Kyle \_\_\_\_\_, TX \_\_\_\_\_, 78640 \_\_\_\_\_, US \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

Executed in Hays County, State of Texas, on the 9 day of October, 2023.  
(month) (year)

*Claudia Zapata*  
Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME <b>Claudia Zapata</b>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,095.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 42.00
4.	SCHEDULE E: LOANS	\$ 0.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 351.68
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 136.58
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

**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>8</b>
2 FILER NAME <b>Claudia Zapata</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>09/01/2023</b>	5 Full name of contributor out-of-state PAC (ID# _____) <b>Marie Cohen</b> 6 Contributor address; City, State; Zip Code [REDACTED] <b>Kyle TX 78640</b>	7 Amount of contribution (\$) <b>20.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>09/01/2023</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Shirley Ogletree</b> Contributor address; City, State; Zip Code [REDACTED] <b>San Marcos TX 78666</b>	Amount of contribution (\$) <b>25.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>09/03/2023</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Paul Hill</b> Contributor address; City, State; Zip Code [REDACTED] <b>Kyle TX 78640</b>	Amount of contribution (\$) <b>40.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>09/06/2023</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Angela B Garza</b> Contributor address; City, State; Zip Code [REDACTED] <b>Austin TX 78721</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions) <b>Owner</b>		Employer (See Instructions) <b>Eagle &amp; Rosa</b>
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>                  If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# 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: 8
2 FILER NAME <b>Claudia Zapata</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>09/07/2023</b>	5 Full name of contributor out-of-state PAC (ID# _____) <b>Brenda Freed</b> 6 Contributor address; City; State; Zip Code [REDACTED] <b>Stonewall TX 78671</b>	7 Amount of contribution (\$)  <b>50.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>09/08/2023</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Susan Hamm</b> Contributor address; City; State; Zip Code [REDACTED] <b>Johnson City TX 78636</b>	Amount of contribution (\$)  <b>10.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>09/08/2023</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Andrew Kozma</b> Contributor address; City; State; Zip Code [REDACTED] <b>Houston TX 77019</b>	Amount of contribution (\$)  <b>10.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>09/08/2023</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Linda Ann Rodriguez</b> Contributor address; City; State; Zip Code [REDACTED] <b>Kyle TX 78640</b>	Amount of contribution (\$)  <b>50.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>8</b>
2 FILER NAME <b>Claudia Zapata</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>09/09/2023</b>	5 Full name of contributor <small>out-of-state PAC (ID#: _____)</small> <b>Ruth Lefevre</b> 6 Contributor address, <small>City; State; Zip Code</small> [REDACTED] <b>Eugene OR 97405</b>	7 Amount of contribution (\$)  <b>5.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>09/09/2023</b>	Full name of contributor <small>out-of-state PAC (ID#: _____)</small> <b>Sally Bowden</b> Contributor address, <small>City; State; Zip Code</small> [REDACTED] <b>New York NY 10003</b>	Amount of contribution (\$)  <b>15.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>09/09/2023</b>	Full name of contributor <small>out-of-state PAC (ID#: _____)</small> <b>Jeannie Middlebrooks</b> Contributor address, <small>City; State; Zip Code</small> [REDACTED] <b>Brentwood TN 78702</b>	Amount of contribution (\$)  <b>25.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>09/10/2023</b>	Full name of contributor <small>out-of-state PAC (ID#: _____)</small> <b>Lily Zamarripa</b> Contributor address, <small>City; State; Zip Code</small> [REDACTED] <b>Austin TX 78751</b>	Amount of contribution (\$)  <b>50.00</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>Claudia Zapata</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>09/10/2023</b>	5 Full name of contributor out-of-state PAC (ID# _____) <b>Leticia Zapata</b>	7 Amount of contribution (\$) <b>100.00</b>
	6 Contributor address; City; State; Zip Code [REDACTED] <b>Del Valle TX 78617</b>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>09/10/2023</b>	Full name of contributor out-of-state PAC (ID# _____) <b>John Williamson</b>	Amount of contribution (\$) <b>50.00</b>
	Contributor address; City; State; Zip Code [REDACTED] <b>Austin TX 78640</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>09/10/2023</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Lori Lynn Navarro</b>	Amount of contribution (\$) <b>75.00</b>
	Contributor address; City; State; Zip Code [REDACTED] <b>Austin TX 78747-5402</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>09/13/2023</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Sara Inés Calderón</b>	Amount of contribution (\$) <b>20.00</b>
	Contributor address; City; State; Zip Code [REDACTED] <b>Austin TX 78715</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>8</b>
2 FILER NAME <b>Claudia Zapata</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>09/07/2023</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Rene Zapata</b>	7 Amount of contribution (\$)  <b>60.00</b>
	6 Contributor address; City; State; Zip Code [REDACTED] <b>Austin TX 78724</b>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>09/07/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Kathleen Treat</b>	Amount of contribution (\$)  <b>10.00</b>
	Contributor address; City; State; Zip Code [REDACTED] <b>New York NY 10036</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>09/07/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Faith Rendell</b>	Amount of contribution (\$)  <b>10.00</b>
	Contributor address; City; State; Zip Code [REDACTED] <b>Cathedral City CA 92234</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>09/07/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Beatriz Reynoso</b>	Amount of contribution (\$)  <b>100.00</b>
	Contributor address; City; State; Zip Code [REDACTED] <b>Harlingen TX 78552</b>	
Principal occupation / Job title (See Instructions) <b>Design Consulting</b>		Employer (See Instructions) <b>Zir Design Consulting</b>
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		



**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 8
2 FILER NAME <b>Claudia Zapata</b>		3 Filer ID (Ethics Commission Filers)
4 Date 09/19/2023	5 Full name of contributor out-of-state PAC (ID# _____) <b>Aaron Bates</b>	7 Amount of contribution (\$) <b>50.00</b>
	6 Contributor address, City, State, Zip Code [REDACTED] <b>Kyle TX 78640</b>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/19/2023	Full name of contributor out-of-state PAC (ID# _____) <b>Linda M. Doering</b>	Amount of contribution (\$) <b>35.00</b>
	Contributor address, City, State, Zip Code [REDACTED] <b>AUSTIN TX 78731</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/19/2023	Full name of contributor out-of-state PAC (ID# _____) <b>JANE TOLENTINO</b>	Amount of contribution (\$) <b>10.00</b>
	Contributor address, City, State, Zip Code [REDACTED] <b>CAMPBELL CA 95008</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/19/2023	Full name of contributor out-of-state PAC (ID# _____) <b>Stephen Williams</b>	Amount of contribution (\$) <b>25.00</b>
	Contributor address, City, State, Zip Code [REDACTED] <b>Austin TX 78703</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p><b>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</b></p>		

# 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: 8
2 FILER NAME Claudia Zapata		3 Filer ID (Ethics Commission Filers)
4 Date 09/19/2023	5 Full name of contributor out-of-state PAC (ID# _____) Michael Quirk 6 Contributor address, City, State, Zip Code [REDACTED] Lampasas TX 76550	7 Amount of contribution (\$) <b>5.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/10/2023	Full name of contributor out-of-state PAC (ID# _____) Mario Mata Contributor address, City, State, Zip Code [REDACTED] Kyle TX 78640	Amount of contribution (\$) <b>20.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/31/2023	Full name of contributor out-of-state PAC (ID# _____) Matt Worthington Contributor address, City, State, Zip Code [REDACTED] Austin TX 78744	Amount of contribution (\$) <b>50.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/31/2023	Full name of contributor out-of-state PAC (ID# _____) Gina Sandoval Contributor address, City, State, Zip Code [REDACTED] San Antonio TX 78249	Amount of contribution (\$) <b>25.00</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

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: 8
2 FILER NAME Claudia Zapata		3 Filer ID (Ethics Commission Filers)
4 Date 08/30/2023	5 Full name of contributor out-of-state PAC (ID# _____) John Sanford 6 Contributor address; City, State, Zip Code [REDACTED] Kyle TX 78640	7 Amount of contribution (\$) <b>50.00</b>
8 Principal occupation / Job title (See Instructions)		9 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)
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)
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)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

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 B: <b>1</b>	
2 FILER NAME <b>Claudia Zapata</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES		\$	
5 Date  08/29/2023	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Karla R</b> 7 Pledgor address; City; State; Zip Code [REDACTED] <b>Buda TX 78610</b>	8 Amount of Pledge \$  <b>20.00</b>	9 In-kind contribution description   Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (See Instructions) <b>Owner/DJ</b>		11 Employer (See Instructions) <b>KICKIT PRODUCTIONS LLC</b>	
Date  08/28/2023	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Tiffany Collins</b> Pledgor address; City; State; Zip Code [REDACTED] <b>Richmond TX 77407</b>	Amount of Pledge \$  <b>22.00</b>	In-kind contribution description   Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (See Instructions) <b>Not Employed</b>		Employer (See Instructions) <b>Not Employed</b>	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)  Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description   Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)  Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description   Check if travel outside of Texas. Complete Schedule T.
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.**

# 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: 1	<b>2</b> FILER NAME Claudia Zapata	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 09/15/2023	<b>5</b> Payee name SUPER CHEAP SIGNS	
<b>6</b> Amount (\$) 351.68	<b>7</b> Payee address; City; State; Zip Code 9200 Waterford Centre Blvd #100, Austin, TX 78758	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description Large campaign signs
	<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
	<b>(c)</b> 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
	<b>(c)</b> 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>

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

# 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	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 G 1	<b>2</b> FILER NAME Claudia Zapata	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 08/27/2023	<b>5</b> Payee name Office Max	
<b>6</b> Amount (\$) 43.13 <small>Reimbursement from political contributions intended</small>	<b>7</b> Payee address, City, State, Zip Code 201 Springtown Way, San Marcos, TX 78666	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description Campaign Literature
	<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 08/30/2023	Payee name Namecheap, Inc.	
Amount (\$) 6.16 <small>Reimbursement from political contributions intended</small>	Payee address, City, State, Zip Code 4600 East Washington Street, Suite 305, Phoenix, AZ 85034	
<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fundraising Expense	Description Domain purchase
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 09/11/2023	Payee name GotPrint.com	
Amount (\$) 87.29 <small>Reimbursement from political contributions intended</small>	Payee address, City, State, Zip Code 7651 N. San Fernando Rd., Burbank, CA 91505	
<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Campaign Cards
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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