

# 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: <b>12</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		OFFICE USE ONLY	
5 CANDIDATE / OFFICEHOLDER PHONE		Date Received	
6 CAMPAIGN TREASURER NAME		Date Hand-delivered or Date Postmarked	
7 CAMPAIGN TREASURER ADDRESS		Receipt #	
8 CAMPAIGN TREASURER PHONE		Amount \$	
9 REPORT TYPE		Date Processed	
10 PERIOD COVERED		Date Imaged	
11 ELECTION		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE	
12 OFFICE		AREA CODE PHONE NUMBER EXTENSION	
13 OFFICE SOUGHT (if known)		ELECTION DATE	
14 NOTICE FROM POLITICAL COMMITTEE(S)		ELECTION TYPE	
Additional Pages		COMMITTEE TYPE	
		COMMITTEE NAME	
		COMMITTEE ADDRESS	
		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**  
Claudia Zapata

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

<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,170.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 809.39
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 723.74
<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 1 day of November, 2023.  
(month) (year)

Claudia Zapata  
Signature of Candidate/Officeholder (Declarant)

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

<b>19</b> FILER NAME Claudia Zapata	<b>20</b> Filer ID (Ethics Commission Filers)
<b>21</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 945.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4. SCHEDULE E: LOANS	\$ 0.00
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 769.16
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	\$ 40.23
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. <input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 25.44

# 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: **5**

2 FILER NAME  
**Claudia Zapata**

3 Filer ID (Ethics Commission Filers)

4 Date  
**09/30/2023**

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

7 Amount of contribution (\$)

**10.00**

6 Contributor address; City; State; Zip Code  
[REDACTED] **Walnut Creek CA 94598**

8 Principal occupation / Job title (See Instructions)  
**not employed**

9 Employer (See Instructions)  
**not employed**

Date  
**10/02/2023**

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

Amount of contribution (\$)

**25.00**

Contributor address; City; State; Zip Code  
[REDACTED] **Kyle TX 78640**

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

Employer (See Instructions)  
**Department of Family and Protective Services**

Date  
**10/02/2023**

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

Amount of contribution (\$)

**10.00**

Contributor address; City; State; Zip Code  
[REDACTED] **Charlotte NC 28210**

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

Employer (See Instructions)  
**Geoffrey C. Hemenway**

Date  
**10/02/2023**

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

Amount of contribution (\$)

**100.00**

Contributor address; City; State; Zip Code  
[REDACTED] **Harlingen TX 78552**

Principal occupation / Job title (See Instructions)  
**Design Consulting**

Employer (See Instructions)  
**Zir Design Consulting**

**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: <b>5</b>
2 FILER NAME <b>Claudia Zapata</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>10/02/2023</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Gilbert Guerra</b>	7 Amount of contribution (\$) <b>5.00</b>
6 Contributor address; City; State; Zip Code [REDACTED] <b>San Antonio TX 78213</b>		
8 Principal occupation / Job title (See Instructions) <b>Not Employed</b>		9 Employer (See Instructions) <b>Not Employed</b>
Date <b>10/09/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Armida Cook</b>	Amount of contribution (\$) <b>10.00</b>
Contributor address; City; State; Zip Code [REDACTED] <b>New York NY 10003</b>		
Principal occupation / Job title (See Instructions) <b>Not Employed</b>		Employer (See Instructions) <b>Not Employed</b>
Date <b>10/09/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Patricia Bubenik</b>	Amount of contribution (\$) <b>5.00</b>
Contributor address; City; State; Zip Code [REDACTED] <b>Palo Alto CA 94301</b>		
Principal occupation / Job title (See Instructions) <b>Not Employed</b>		Employer (See Instructions) <b>Not Employed</b>
Date <b>10/09/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Carla Orr</b>	Amount of contribution (\$) <b>25.00</b>
Contributor address; City; State; Zip Code [REDACTED] <b>Saint Jo TX 76265</b>		
Principal occupation / Job title (See Instructions) <b>Not Employed</b>		Employer (See Instructions) <b>Not Employed</b>
<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: 5
2 FILER NAME <b>Claudia Zapata</b>		3 Filer ID (Ethics Commission Filers)
4 Date 10/10/2023	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Charles Intriago</b>	7 Amount of contribution (\$)  <b>20.00</b>
	6 Contributor address; City; State; Zip Code [REDACTED] Washington DC 20037	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/11/2023	Full name of contributor out-of-state PAC (ID#: _____) <b>Claudia Corum</b>	Amount of contribution (\$)  <b>25.00</b>
	Contributor address; City; State; Zip Code [REDACTED] Austin TX 78749	
Principal occupation / Job title (See Instructions) Substitute Teacher		Employer (See Instructions) AISD
Date 10/11/2023	Full name of contributor out-of-state PAC (ID#: _____) <b>Alicia Perez</b>	Amount of contribution (\$)  <b>25.00</b>
	Contributor address; City; State; Zip Code [REDACTED] Austin TX 78703	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/12/2023	Full name of contributor out-of-state PAC (ID#: _____) <b>Rosalie Nicholls</b>	Amount of contribution (\$)  <b>10.00</b>
	Contributor address; City; State; Zip Code [REDACTED] Austin TX 78748	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
<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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1 Total pages Schedule A1: **5**

2 FILER NAME  
**Claudia Zapata**

3 Filer ID (Ethics Commission Filers)

4 Date  
**10/12/2023**

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

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code  
[REDACTED] **Austin TX 78701**

**50.00**

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

9 Employer (See Instructions)  
**Makel Engineering Inc.**

Date  
**10/15/2023**

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
[REDACTED] **Kyle TX 78640**

**25.00**

Principal occupation / Job title (See Instructions)  
**Director of Customer Experience**

Employer (See Instructions)  
**Aptible**

Date  
**10/17/2023**

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
[REDACTED] **Austin TX 78744**

**150.00**

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

Employer (See Instructions)  
**Saldana Pr**

Date  
**10/18/2023**

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
[REDACTED] **Austin TX 78744**

**100.00**

Principal occupation / Job title (See Instructions)  
**Advocacy Strategist**

Employer (See Instructions)  
**AHA**

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**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>5</b>
2 FILER NAME <b>Claudia Zapata</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>10/18/2023</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Ana Cortez</b> 6 Contributor address; City; State; Zip Code [REDACTED] <b>Manor TX 78653</b>	7 Amount of contribution (\$) <b>100.00</b>
8 Principal occupation / Job title (See Instructions) <b>Self employed</b>		9 Employer (See Instructions) <b>Self employed</b>
Date <b>10/18/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Damian Pantoja</b> Contributor address; City; State; Zip Code [REDACTED] <b>Austin TX 78741</b>	Amount of contribution (\$) <b>50.00</b>
Principal occupation / Job title (See Instructions) <b>Community Engagement Specialist</b>		Employer (See Instructions) <b>City of Austin</b>
Date <b>10/18/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Susanna Woody</b> Contributor address; City; State; Zip Code [REDACTED] <b>AUSTIN TX 78744</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions) <b>PM</b>		Employer (See Instructions) <b>AMD</b>
Date <b>10/18/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Rene Zapata</b> Contributor address; City; State; Zip Code [REDACTED] <b>Austin TX 78640</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions) <b>Officer</b>		Employer (See Instructions) <b>OAG</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>		



**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: 2	<b>2</b> FILER NAME Claudia Zapata	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 10/19/2023	<b>5</b> Payee name Home Depot	
<b>6</b> Amount (\$) 38.84	<b>7</b> Payee address; City; State; Zip Code 3730 DRY HOLE DRIVE KYLE TX 78640	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Sign T-posts and zip ties
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/19/2023	Payee name Q WAY MART	
Amount (\$) 2.70	Payee address; City; State; Zip Code 404 REBEL ROAD KYLE TX 78640	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Water for blockwalking
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/12/2023	Payee name IMPRINT.COM	
Amount (\$) 292.28	Payee address; City; State; Zip Code 14550 Beechnut St, Houston, TX 77083-5741	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing Expense	Description Small yard signs
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
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**

**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: 2	<b>2</b> FILER NAME Claudia Zapata	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 10/08/2023	<b>5</b> Payee name HOME DEPOT
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<b>6</b> Amount (\$) 50.34	<b>7</b> Payee address; 3730 DRY HOLE DRIVE KYLE TX, 78640	City;	State;	Zip Code
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description T-posts for campaign signs
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/06/2023	Payee name CAMPAIGN VERIFY
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Amount (\$) 95.00	Payee address; 1215 31ST STREET NW PO BOX 3554 WASHINGTON, DC 20007-9998	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Polling Expense	Description Token for textbanking
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/04/2023	Payee name TEXAS DEMOCRATIC PARTY
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Amount (\$) 290.00	Payee address; PO Box 15707, Austin, TX 78761	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Polling Expense	Description VAN
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**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)
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<b>4</b> Date 10/15/2023	<b>5</b> Payee name Walgreens
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<b>6</b> Amount (\$) 18.49 <small>Reimbursement from political contributions intended</small>	<b>7</b> Payee address; City; State; Zip Code 9801 Manchaca Rd, Austin, TX 78748
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<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 Rally signs
	<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
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Date 10/14/2023	Payee name HEB
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Amount (\$) 21.74 <small>Reimbursement from political contributions intended</small>	Payee address; City; State; Zip Code 5401 Farm to Market 1626, Kyle, TX 78640
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Food for meet and greets
	<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
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Date	Payee name
------	------------

Amount (\$) <small>Reimbursement from political contributions intended</small>	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER**

**SCHEDULE K**

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 K: <b>1</b>
2 FILER NAME <b>Claudia Zapata</b>		3 Filer ID (Ethics Commission Filers)
4 Date  10/24/2023	5 Name of person from whom amount is received <b>IMPRINT.COM</b> ..... 6 Address of person from whom amount is received; City; State; Zip Code <b>14550 Beechnut St, Houston, TX 77083-5741</b>	8 Amount (\$)  <b>25.44</b>
7 Purpose for which amount is received <span style="float: right;">Check if political contribution returned to filer</span> <b>Refund for late expedited shipping on yard signs</b>		
Date	Name of person from whom amount is received  ..... Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received <span style="float: right;">Check if political contribution returned to filer</span>		
Date	Name of person from whom amount is received  ..... Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received <span style="float: right;">Check if political contribution returned to filer</span>		
Date	Name of person from whom amount is received  ..... Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received <span style="float: right;">Check if political contribution returned to filer</span>		

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