# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

The C/OH Instruction (	Guide explains how t	o complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages file	ed:
3 CANDIDATE/ OFFICEHOLDER NAME	MS / MRS / MR Mr	FIRST Miguel	MJ	OFFICE	USE ONLY
INCINIC	NICKNAME	LAST Zuniga	SUFFIX	Date Received	27
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX:	Kyle, Texas 78	city; state; zip code 640	EH	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered	or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST Miguel	МІ	Receipt #	Amount \$
NAME	NICKNAME	LAST	SUFFIX	Date Processed	
		Zuniga		Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (N	Kyle, Texas 78		STATE;	ZIP CODE
(Residence or Business)	1551 6055				
8 CAMPAIGN TREASURER PHONE	(512 )	787-3619	EXTENSION	•	
9 REPORT TYPE	January 15	30th day before e	R-monatorine generatorine	treasurer ap (Officeholder	
10 PERIOD	Month	L	Reporting Limit	hanned .	7
COVERED	8	Day Year 19 / 22	THROUGH 11	Day Year / 22	
11 ELECTION	ELECTION DAT	E	ELECTION TYPE		
	Month Day	Year Primary	Runoff Other Description	•	
	11 / 8 /	22 General	Special		
12 OFFICE	NA (if any)		13 OFFICE SOUGHT (if know City Council Dis		
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFICE	HOLDER. THESE EXPENDITURE	ACCEPTED OR POLITICAL EXPENDITURES I S MAY HAVE BEEN MADE WITHOUT THE CAN IRED TO REPORT THIS INFORMATION ONLY IF	IDIDATE'S OR OFFICEHOL	DER'S KNOW! EDGE OR
000000000000000000000000000000000000000	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TRE	EASURER NAME		
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS		
GO TO PAGE 2					

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

15 C/OH NAME	16 Files	r ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	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)	\$ 150.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,110.00
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0.00
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$
18 SIGNATURE I s	swear, or affirm, under penalty of perjury, that the accompanying report is true and co	prrect and includes all information
	quired to be reported by me under Title 15, Election Code.	
	$M_{i}$ . $M_{i}$	
	/11/PV /1 /-	and the state of t
	Olivatura f O validate	055
	Signature of Candidate	or Officeholder
	Please complete either option below:	
(1) Affidavit	SUSAN HUGHES Notary Public, State of Texas Comm. Expires 07-21-2026 Notary ID 133870195	
NOTARY STAMP/SEA		
Sworn to and subscribed	before me by Miguel Zuniga this the 2	day of Alave Mabe
~ ^		day or <u>Josephan</u> ,
, to certify	which, witness my hand and seal of office.	day of November,
Just Car	Susan Hughes	notary Jublic
Signature of officer administe	ering oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declarati	on	
My name is	, and my date of birth is	
	, and my date of on an in-	*
,		(zip godo)
Evoquito d.:-	()/	(zip code) (country)
Executed in	County, State of , on the day of (month)	, 20 (vear)
		/4/
	Signature of Candidate/Offi	ceholder (Declarant)

### **SUBTOTALS - C/OH**

### FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Co	mmissic	on Filers)		
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	1	SUBTOTAL AMOUNT		
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	150.00		
2.	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS				
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$			
4.	SCHEDULE E: LOANS	\$			
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	150.00		
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	\$	960.00		
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	Verender of the second		
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	s form.	1 Total pages Schedule A1:	
<sup>2</sup> FILER NAME Miguel Zu	niga			3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor Mario and Anita Perez	out-of-state PA(	C (ID#:)	7 Amount of contribution (\$)	
10/15/2022	6 Contributor address;	c <sub>ity;</sub> Kyle	State; Zip Code 2 Tx 78640	150.00	
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)	
Date	Full name of contributor	out-of-state PAG	C (ID#:)	Amount of contribution (\$)	
	Contributor address;	City;	State; Zip Code		
Principal occupation / Job title (See Instructions)  Employer (See Instructions)					
Date	Full name of contributor		C (ID#:)	Amount of contribution (\$)	
	Contributor address;		State; Zip Code		
Principal occup	Principal occupation / Job title (See Instructions)  Employer (See Instructions)				
Date	Full name of contributor	out-of-state PA(	C (ID#:)	Amount of contribution (\$)	
	Contributor address;	City;	State; Zip Code		
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)	
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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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)

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Miguel Zuniga		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name			
10/15/2022	Build A Sign			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
150.00	online vendor			
3	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising expense	3 4x5 Banners	3	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held	
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE	Category (See Categories listed at the top of this schedule)	Description		
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	emplete Schedule T. Check if Austin, TX, officeholder living expense		ı expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office sought Office held	
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		***************************************
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	,,	Office held
expenditure to benefit C/OI	H			
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NE	EDED	

## 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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

Candidate/Officeholder/Politic Credit Card Payment	cal Committee Legal Services Salaries  The Instruction Guide explains how to	s/Wages/Contract Labor complete this form.	Other (enter a category not listed above)	
1 Total pages Schedule G:	<sup>2</sup> FILER NAME Miguel Zuniga		3 Filer ID (Ethics Commission Filers)	
4 Date 10/15/2022	5 Payee name Build A sign			
6 Amount (\$) 500.00 Reimbursement from political contributions intended	7 Payee address; online	City;	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description 3 3x6 banners,	3 4x5 banners	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date 10/15/2022	Payee name Build A sign			
Amount (\$) 280.00 Reimbursement from political contributions intended	Payee address;	City;	State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	75 yard signs stakes and 2 shirts		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
10/15/2022	Lowes			
Amount (\$) 180.00 Reimbursement from political contributions intended	Payee address;	City;	State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description candy, buttons	s, yard posts	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	, TX, officeholder living expense	
1	***************************************			