# 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 (Eth	ics Commission Filers)	2 Total pages f	iled:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST		мі	OFFICE	USE ONLY
NAME	NICKNAME	Zunija		SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX	c; APT / SUITE #;	CITY: STATE	7840	2/3/202	23 g/L
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTE	ENSION		d or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST		МІ	Receipt #	Amount \$
NAME	NICKNAME	Zun-)	,	SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS	(NO PO BOX PLEASE): APT		спу;	STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTE	ENSION		
9 REPORT TYPE	January 15 July 15	30th day before	election	Runoff  Exceeded Modified Reporting Limit	treasurer a (Officehold	fter campaign appointment er Only) ort (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year	THROUGH	Month	Day Yea	
11 ELECTION	ELECTION DAY	Year Prima		ELECTION TYPE Other Description		
12 OFFICE	OFFICE HELD (if any)	Mistrict 3	<b>13</b> OFF	CE SOUGHT (if known	)	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE THE CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTION CEHOLDER. THESE EXPENDITU S AND OFFICEHOLDERS ARE REC	RES MAY HAVE BEEN MA	DE WITHOUT THE CANE	DIDATE'S OR OFFICEHO	LDER'S KNOWLEDGE OR
COMMITTEE,	COMMITTEE TYPE   COMMITTEE NAME					
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN	TREASURER ADDRESS	Б		
	1	GO TO	D 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	TOTAL UNITEMIZED POLIT PLEDGES, LOANS, OR GU/ CONTRIBUTIONS MADE EL		N \$
	2. TOTAL POLITICAL CONT (OTHER THAN PLEDGES, LO	RIBUTIONS DANS, OR GUARANTEES OF LOANS	\$ 150. W
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITI	CAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPE	NDITURES	\$ 1,110.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIB OF REPORTING PERIOD	SUTIONS MAINTAINED AS OF THE LA	STDAY \$ 0.00
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT LAST DAY OF THE REPORT	OF ALL OUTSTANDING LOANS AS O	OF THE \$
	wear, or affirm, under penalty of perjury		ue and correct and includes all information
	Please com	Signature of Con	andidate or Officeholder
(1) Affidavit	JENNIFER KIRKLAND MY COMMISSION EXPIRES 02/17/2025 NOTARY ID: 126805359		
	before me by Miguel A.Zu	wigh this the	3rd day of February.
20 23 to certify to the state of the state o		Kirkland officer administering oath	day of tebruary,  Motury Public  Title of officer administering oath
		OR	The state of the s
(2) Unsworn Declaration	on		
My name is		, and my date of birth is	
My address is			
	(street)	(city)	state) (zip code) (country)
Executed in	County, State of	,	. 20
		Signature of Cand	date/Officeholder (Declarant)

## SUBTOTALS - C/OH

### FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Con	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOT
1.	SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS	\$ 150.0
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRI	BUTIONS \$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	
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 thi	s form.	1 Total pages Schedule A1:
FILER NAME	w 2001		3 Filer ID (Ethics Commission Filers)	
Date	5 Full name of contributor	City;	State; Zip Code	7 Amount of contribution (\$)
Principal occu	upation / Job title (See Instructions)		9 Employer (See Instructi	ions)
Date	Full name of contributor	out-of-state PA	AC (ID#:)	Amount of contribution (\$)
	Contributor address;		State; Zip Code	
Principal occur	pation / Job title (See Instructions)		Employer (See Instruction	ons)
Date	Full name of contributor	out-of-state PA	\C (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occur	pation / Job title (See Instructions)		Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of contribution (\$)	
	Contributor address;	City;	State; Zip Code	
	pation / Job title (See Instructions)	110	Employer (See Instruction	ons)

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 Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Travel Out Of District Printing Expense 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. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Min/ Zuni 5 Payee name 10/15/2022 Bill A. Sige 6 Amount (\$) 7 Payee address; City; State: Zip Code 150.00 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 3 4X5 Burers PURPOSE Alvetis 1 OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Pavee name Date Amount (\$) City: State; Zip Code Payee address; Category (See Categories listed at the top of this schedule) Description **PURPOSE** EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) Payee address: City; State; Zip Code Description Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

# 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 Gilf/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics C	ommission Filers)	
total pages contestions.	5 Payee name			,	
Date 	5 Payee name				
Reimbursement from political contributions intended	7 Payee address;	City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	OF EXPENDITURE		(b) Description  3 3×6 Bress , 3 4×5 Bress		
	(c) Check if travel outside of Texas. Complete Schedule T.		TX, officeholder living exp		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name  Buil A. Sij				
Amount (\$) 7 \$0.00 Reimbursement from political contributions intended	Payee address;	City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the lop of this schedule)	Description 7 Type Stel	y and Zshi	ts	
	Check if travel outside of Texas, Complete Schedule T.	ule T. Check if Austin, TX, officeholder living expens		ense	
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name	Office sought	C	office held	
Date  VIIT   2072	Payee name				
Amount (\$)  (\$)  Reimbursement from political contributions intended	Payee address;	City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	curty, butas	, yodsyns	posts	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living exp	ense	
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	0	office held	

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

		uction Guide explains how to complete this form.
	Complete only	if "Report Type" on page 1 is marked "Final Report"
1	Milu A Zunia	2 Filer ID (Ethics Commission Filers)
3	SIGNATURE	
	designating a report as a final report termin	tions or political expenditures in connection with my candidacy. I understand that ates my campaign treasurer appointment. I also understand that I may not accept any aign expenditures without a campaign treasurer appointment on file.
		Signature of Candidate / Officeholder
1	FILER WHO IS NOT AN OFFICEHOL  Complete A & B below only if you ar	
	A. CAMPAIGN FUNDS	
	Check only one:	
	I do not have unexpended contribu	utions or unexpended interest or income earned from political contributions.
	may not convert unexpended politic personal use. I also understand to unexpended contributions or unexpended to the filling this final report. Further, I un	or unexpended interest or income earned from political contributions. I understand that I tical contributions or unexpended interest or income earned on political contributions to that I must file an annual report of unexpended contributions and that I may not retain pended interest or income earned on political contributions longer than six years after derstand that I must dispose of unexpended political contributions and unexpended cal contributions in accordance with the requirements of Election Code, § 254.204.
	B. ASSETS	
	Check only one:	
	I do not retain assets purchased w	ith political contributions or interest or other income from political contributions.
	that I may not convert assets purch	political contributions or interest or other income from political contributions. I understand hased with political contributions or interest or other income from political contributions to hat I must dispose of assets purchased with political contributions in accordance with the 54.204.
		agriature of Candidate
;	OFFICEHOLDER  •• Complete this section only if you are	an officeholder ••
	file. I am also aware that I will be re- an officeholder, I retain political cont	ling requirements applicable to an officeholder who does not have a campaign treasurer on quired to file reports of unexpended contributions if, after filing the last required report as tributions, interest or other income from political contributions, or assets purchased with other income from political contributions.
		Signature of Officeholder