CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT COVER SHEET PG 1 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 4 MS / MRS / MR FIRST MI 3 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** Claudia A NAME Date Received NICKNAME LAST SUFFIX Zapata ADDRESS / PO BOX APT / SUITE #. 4 CANDIDATE / STATE ZIP CODE Kyle, TX 78640 **OFFICEHOLDER** MAILING **ADDRESS** Change of Address AREA CODE PHONE NUMBER **EXTENSION** 5 CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** PHONE Receipt # Amount \$ MS / MRS / MR FIRST MI 6 CAMPAIGN TREASURER Claudia A Date Processed NAME NICKNAME LAST SUFFIX Date Imaged Zapata STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; STATE; ZIP CODE CAMPAIGN TREASURER Kyle, TX 78640 **ADDRESS** (Residence or Business) PHONE NUMBER EXTENSION 8 CAMPAIGN AREA CODE TREASURER PHONE 9 REPORT TYPE 15th day after campaign Runoff January 15 30th day before election treasurer appointment (Officeholder Only) Exceeded Modified Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit Day Year 10 PERIOD Month Day Year COVERED / 23 28 21 / 23 8 THROUGH ELECTION TYPE ELECTION DATE 11 ELECTION Runoff Other Description Month Day Year Special ■ General 7 23 11 13 OFFICE SOUGHT (if known) OFFICE HELD (if any) 12 OFFICE Kyle City Council, District 4 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. 14 NOTICE FROM POLITICAL COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

5 C/OH NAME Claudia Zapata	16	5 Filer ID (Ethics Commission Filers)
7 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	s 103.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,198.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 141.42
	4. TOTAL POLITICAL EXPENDITURES	\$ 629.68
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST I OF REPORTING PERIOD	s 658.13
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE REPORTING PERIOD	* 0.00
red	Signature of Candi	idate or Officeholder
	Signature of Candi Please complete either option below:	idate or Officeholder
	Please complete either option below:	idate or Officeholder
I) Affidavit NOTARY STAMP/SEA	Please complete either option below:	idate or Officeholder
1) Affidavit NOTARY STAMP/SEA	Please complete either option below:	
1) Affidavit NOTARY STAMP/SEA Sworn to and subscribed	Please complete either option below: AL I before me by this the / which, witness my hand and seal of office.	day of
1) Affidavit NOTARY STAMP/SEA	Please complete either option below: AL I before me by this the y which, witness my hand and seal of office.	day of
1) Affidavit NOTARY STAMP/SEA Sworn to and subscribed 20, to certify	Please complete either option below: AL I before me by this the / which, witness my hand and seal of office. Printed name of officer administering oath OR	
1) Affidavit NOTARY STAMP/SEA Sworn to and subscribed 20, to certify	Please complete either option below: AL I before me by this the y which, witness my hand and seal of office. ering oath Printed name of officer administering oath OR Ion Zapata, and my date of birth is	day of, Title of officer administering oat
1) Affidavit NOTARY STAMP/SEA Sworn to and subscribed 20, to certify ignature of officer administer 2) Unsworn Declarati	Please complete either option below: Defore me by this the Which, witness my hand and seal of office. Printed name of officer administering oath OR	day of Title of officer administering oat

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	FILER NAME audia Zapata	ommiss	sion Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL
1,	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	1,095.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	0.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	42.00
4.	SCHEDULE E: LOANS	\$	0.00
5.	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.	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

The	Instruction Guide explains how to complete this form	1 Total pages Schedule A1:
² FILER NAME Claudia Z	apata	3 Filer ID (Ethics Commission Filers)
4 Date 09/01/2023	5 Full name of contributor out-of-state PAC (ID#:_ Marie Cohen	
09/01/2023	6 Contributor address; City, Sta	78640 20.00
8 Principal occu	pation / Job title (See Instructions) 9 E	Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#_Shirley Ogletree	Amount of contribution (\$)
09/01/2023	Contributor address; City; Sta	20.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions)
Date	CONTROL OF A CHARGOS	Amount of contribution (\$)
09/03/2023	Paul Hill Contributor address; City; State Kyle TX 786	te; Zip Code 40.00
Principal occup	eation / Job title (See Instructions)	imployer (See Instructions)
Date		Amount of contribution (\$)
09/06/2023	Angela B Garza Contributor address; City, Star Austin T	100.00 x 78721
		imployer (See Instructions)

instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
apata		3 Filer ID (Ethics Commission Filers)
Brenda Freed 6 Contributor address; City,	State, Zip Code	7 Amount of contribution (\$) 50.00
pation / Job title (See Instructions)	9 Employer (See Instruction	ons)
Susan Hamm Contributor address; City;	State; Zip Code	Amount of contribution (\$)
ation / Job title (See Instructions)	Employer (See Instruction	ons)
Andrew Kozma Contributor address; City; Houston TX 7	State; Zip Code	Amount of contribution (\$) 10.00
Linda Ann Rodriguez Contributor address, City;	State; Zip Code	Amount of contribution (\$)
pation / Job title (See Instructions)	Employer (See Instruction	ons)
	apata 5 Full name of contributor Brenda Freed 6 Contributor address; City, Stonew pation / Job title (See Instructions) Full name of contributor Contributor address; City; Johnson City Ty pation / Job title (See Instructions) Full name of contributor Andrew Kozma Contributor address; City; Houston TX 7 Pation / Job title (See Instructions) Full name of contributor Andrew Kozma Contributor address; City; Houston TX 7 Pation / Job title (See Instructions) Full name of contributor Contributor address; City; City; Contributor address; City; City; Contributor address; City; City; Contributor address; City; City; Contributor address; City; C	5 Full name of contributor Brenda Freed 6 Contributor address; City, State; Zip Code Stonewall TX 78671 patton / Job title (See Instructions) Full name of contributor Susan Hamm Contributor address; City; State; Zip Code Johnson City TX 78636 pation / Job title (See Instructions) Full name of contributor Andrew Kozma Contributor address; City; State; Zip Code Houston TX 77019 pation / Job title (See Instructions) Full name of contributor Andrew Kozma Contributor address; City; State; Zip Code Houston TX 77019 Full name of contributor City: State: Zip Code Full name of contributor Contributor address; City: State: Zip Code Kyle TX 78640 Kyle TX 78640

Claudia Zapata 3 Filer ID (Ethics Commission Filers)	The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
Ruth Lefevre 6 Contributor address. Eugene OR 97405 Date D9/09/2023 Full name of contributor Sally Bowden Contributor address; City; State; Zip Code New York NY 10003 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) 15.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Solve Instructions Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Solve Instructions Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) 25.00 Employer (See Instructions) Employer (See Instructions) Date Solve Instructions Amount of contribution (\$) Amount of contribution (\$)	A STATE OF THE PARTY OF THE PAR	apata	3 Filer ID (Ethics Commission Filers)
Eugene OR 97405 3 Principal occupation / Job title (See Instructions) Date Date D9/09/2023 Full name of contributor Sally Bowden Contributor address; City: State; Zip Code New York NY 10003 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Date Date D9/09/2023 Full name of contributor Jeannie Middlebrooks Contributor address: City: State; Zip Code Brentwood TN 78702 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) 25.00 Brentwood TN 78702 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) 25.00 Amount of contribution (\$) Lify Zamarripa Contributor address: City: State; Zip Code Austin TX 78751		Ruth Lefevre	
Principal occupation / Job title (See Instructions) Amount of contribution (S) Employer (See Instructions) Amount of contribution (S) Lily Zamarripa Contributor address; City: State, Zip Code Austin TX 78751			05
Sally Bowden Contributor address; City; State; Zip Code New York NY 10003 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Jeannie Middlebrooks Contributor address: City; State; Zip Code Brentwood TN 78702 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) 25.00 Date Brentwood TN 78702 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Lily Zamarripa Contributor address; City; State; Zip Code Austin TX 78751	Principal occu	pation / Job title (See Instructions) 9 Emp	ployer (See Instructions)
Contributor address; City; State; Zip Code New York NY 10003 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) 25.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) 25.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Lily Zamarripa Contributor address; City; State; Zip Code Austin TX 78751	Date	1.0 State of the contract of t	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Jeannie Middlebrooks Contributor address; City; State; Zip Code Brentwood TN 78702 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) 25.00 Date Full name of contributor Lily Zamarripa Contributor address; City; State; Zip Code Amount of contribution (\$)	09/09/2023	***************************************	15.00
Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (S) Jeannie Middlebrooks Contributor address; City; State; Zip Code Brentwood TN 78702 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (S) 25.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (S) Lily Zamarripa Contributor address, City, State, Zip Code Austin TX 78751		The second discussion of the second of the s	
Jeannie Middlebrooks Contributor address; City; State; Zip Code Brentwood TN 78702 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Uily Zamarripa Contributor address; City; State; Zip Code Austin TX 78751 Amount of contribution (\$) Austin TX 78751	Principal occu		
Contributor address; City; State; Zip Code Brentwood TN 78702 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date 09/10/2023 Full name of contributor Lily Zamarripa Contributor address; City; State; Zip Code Austin TX 78751 25.00 Amount of contribution (\$) Austin TX 78751	Date	- CANCERTAL PARTICION CONTRACTOR	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Lily Zamarripa Contributor address; City; State; Zip Code Austin TX 78751 Employer (See Instructions) Amount of contribution (\$) 50.00	09/09/2023	Contributor address; City; State;	
09/10/2023 Lily Zamarripa Contributor address; City; State; Zip Code Austin TX 78751 Lily Zamarripa 50.00	Principal occu		
09/10/2023 Contributor address; City; State; Zip Code Austin TX 78751 50.00	Date) Amount of contribution (\$)
	09/10/2023	Contributor address; City, State;	Zip Code 50.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)		Austin TX	78751
	Principal occu	pation / Job title (See Instructions) Emp	ployer (See Instructions)

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:
FILER NAME Claudia Za	apata	3 Filer ID (Ethics Commission Filers)
4 Date 09/10/2023	5 Full name of contributor Leticia Zapata 6 Contributor address; City; State; Zip Code Del Valle TX 78617	100.00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	structions)
Date 09/10/2023	Full name of contributor John Williamson Contributor address; City; State; Zip Code Austin TX 78640	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions) Employer (See Ins	tructions)
Date 09/10/2023	Full name of contributor out-of-state PAC (ID#	75.00
Principal occup	pation / Job title (See Instructions) Employer (See Ins	tructions)
Date 09/13/2023	Full name of contributor Sara Inés Calderón Contributor address; City. State, Zip Code Austin TX 78715	20.00
Principal occup	pation / Job title (See Instructions) Employer (See Ins	tructions)

nstruction Guide explains how to co	omplete this	form.	1 Total pages Schedule A1:
pata	17 - 45		3 Filer ID (Ethics Commission Filers)
Rene Zapata 6 Contributor address;	City,	State; Zip Code	7 Amount of contribution (\$)
ation / Job title (See Instructions)		9 Employer (See Instruct	ons)
Kathleen Treat Contributor address;	City;	State; Zip Code York NY 10036	Amount of contribution (\$) 10.00
mon / Job title (See instructions)		Employal (3ea matidett	0118)
Faith Rendell Contributor address,	City;	State; Zip Code	Amount of contribution (\$)
ation / Job title (See Instructions)		Employer (See Instructi	ons)
Beatriz Reynoso	City.	State, Zip Code	Amount of contribution (\$)
tion / Job title (See Instructions)		The state of the s	
	Rene Zapata 6 Contributor address; ation / Job title (See Instructions) Full name of contributor Kathleen Treat Contributor address; tion / Job title (See Instructions) Full name of contributor Faith Rendell Contributor address, Cathedral tion / Job title (See Instructions) Full name of contributor Faith Rendell Contributor address, Cathedral tion / Job title (See Instructions)	Rene Zapata 6 Contributor address; City, Austin ation / Job title (See Instructions) Full name of contributor Contributor address; City; New tion / Job title (See Instructions) Full name of contributor Contributor address; City; New tion / Job title (See Instructions) Full name of contributor Cathedral City City; Cathedral City City; Cathedral City City; Contributor address, City; Cathedral City Ci	Rene Zapata 6 Contributor address; City, State; Zip Code Austin TX 78724 ation / Job title (See Instructions) Full name of contributor Contributor address; City; State; Zip Code New York NY 10036 Full name of contributor Full name of contributor Full name of contributor Faith Rendell Contributor address; City; State; Zip Code Cathedral City CA 92234 Ition / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Full name of contributor Cathedral City CA 92234 Ition / Job title (See Instructions) Employer (See Instructions)

FILER NAME	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 9 3 Filer ID (Ethics Commission Filers)
Claudia Za	5 Full name of contributor out-of-state PAC (ID# Aaron Bates	7 Amount of contribution (\$)
09/19/2023	6 Contributor address; City, State; Zip Kyle TX 78	00.00
8 Principal occu		(See Instructions)
Date	Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$)
09/19/2023	Linda M. Doering Contributor address; City; State; Zip AUSTIN TX 78731	35.00
Principal occup	pation / Job title (See Instructions) Employer	(See Instructions)
Date	Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$)
09/19/2023	JANE TOLENTINO Contributor address; City; State; Zip CAMPBELL CA 950	10.00
Principal occup	pation / Job title (See Instructions) Employer	(See Instructions)
Date	Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$)
09/19/2023 Contributor address; City, State, Zip Code Austin TX 78703		25.00
Principal occup	pation / Job title (See Instructions) Employer	(See Instructions)

	to complete this	form.	1 Total pages Schedule A1:
ata			3 Filer ID (Ethics Commission Filers)
ichael Quirk Contributor address,	City;	State; Zip Code	7 Amount of contribution (\$)
	impasas 17		tions)
Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
Contributor address;	city;	State; Zip Code e TX 78640	20.00
n / Job title (See Instructions)		Employer (See Instruc	tions)
Full name of contributor fatt Worthington Contributor address;	City;	State; Zip Code	Amount of contribution (\$) 50.00
n / Job title (See Instructions)		Employer (See Instruc	tions)
Full name of contributor	out-of-state PAG	C (ID#)	Amount of contribution (\$)
Contributor address;	city; an Antonio	State; Zip Code	25.00
n / Job title (See Instructions)		Employer (See Instruc	tions)
	Full name of contributor ichael Quirk Contributor address, La on / Job title (See Instructions) Full name of contributor Iario Mata Contributor address; In / Job title (See Instructions) Full name of contributor Matt Worthington Contributor address; In / Job title (See Instructions) Full name of contributor Matt Worthington Contributor address; In / Job title (See Instructions) Full name of contributor Sina Sandoval Contributor address;	Full name of contributor ichael Quirk Contributor address, City; Lampasas To an / Job title (See Instructions) Full name of contributor out-of-state PAGE Ario Mata Contributor address; City; Kyle Tyle Tyle Tyle Contributor address; City; Austin Full name of contributor out-of-state PAGE Austin Full name of contributor out-of-state PAGE Austin Full name of contributor out-of-state PAGE Contributor address; City; Austin Full name of contributor out-of-state PAGE Contributor address; City; San Antonio	Full name of contributor ichael Quirk Contributor address, City, State, Zip Code Lampasas TX 76550 Full name of contributor out-of-state PAC (ID#

FILER NAME	apata			3 Filer ID (Ethics Commission Filers)
B/30/2023	5 Full name of contributor John Sanford 6 Contributor address;	City;	State, Zip Code X 78640	7 Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date	Date Full name of contributor out-of-state PAC (ID#:)		Amount of contribution (\$)	
	Contributor address;	City;	State, Zip Code	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state	PAC (ID#)	Amount of contribution (\$)
	Contributor address;	City	State, Zip Code	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state	PAC (ID#)	Amount of contribution (\$)
	Contributor address,	City,	State, Zip Code	
	pation / Job title (See Instructions)		Employer (See Instruc	tions)

PLEDGED CONTRIBUTIONS

SCHEDULE B

The	e Instruction Guide explains how to complete this	form.	1 Total pages Scheo	fule B: 1
FILER NAME			3 Filer ID (Ethics (Commission Filers)
	F UNITEMIZED PLEDGES		\$	
5 Date 08/29/2023	6 Full name of pledgor out-of-state PAC (ID#	te; Zip Code X 78610	8 Amount of Pledge \$ 20.00 Check if travel outs	9 In-kind contribution description I I I I I I I I I I I I I I I I I I I
10 Principal occ Owner/DJ	cupation / Job title (See Instructions)	11 Employer (See KICKIT PR	Instructions) RODUCTIONS LLC	
Date 08/28/2023	Full name of pledgor out-of-state PAC (ID#	te; Zıp Code	Amount of Pledge \$ 22.00	In-kind contribution description
Principal occ	upation / Job title (See Instructions)	Employer (See Not Emplo	Instructions)	
Date	Full name of pledgor	te; Zip Code	Amount of Pledge \$	In-kind contribution description description
Process of	cupation / Job title (See Instructions)	Employer (See		de or rexas. Complete Screedle
T incipal doc			Amount of	In-kind contribution
Date	Full name of pledgor out-of-state PAC (ID#	Zip Code	Pledge \$	description de of Texas. Complete Schedule
Principal occi	upation / Job title (See Instructions)	Employer (See	Instructions)	

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/Awardses 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)

Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 1 Claudia Zapata 4 Date 5 Payee name 09/15/2023 SUPER CHEAP SIGNS Zip Code State: 6 Amount (\$) 7 Payee address; 9200 Waterford Centre Blvd #100, Austin, TX 78758 351.68 (b) Description (a) Category (See Categories listed at the top of this schedule) Large campaign signs PURPOSE Printing Expense OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas, Complete Schedule T. Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name State; Zip Code City: Payee address; Amount (\$) Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas, Complete Schedule T. Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name Date City, State: Zip Code Payee address; Amount (\$) Category (See Categories listed at the top of this schedule) Description PURPOSE OF 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 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
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 Soficitation/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		0
Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers
1	Claudia Zapata		
4 Date	5 Payee name		
08/27/2023	Office Max		
6 Amount (\$)	7 Payee address,	City;	State, Zip Code
43.13 Reimbursement from political contributions intended	201 Springtown Way, San Marcos,	TX 78666	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Campaign Liter	ature
OF EXPENDITURE	1 Tilling Expense		
Ext Entire te	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
9	Candidate / Officeholder name	Office sought	Office held
Complete ONLY if direct expenditure to benefit C/OH			
Date	Payee name		
08/30/2023	Namecheap, Inc.		
Amount (\$)	Payee address;	City;	State; Zip Code
6.16	4600 East Washington Street. Suit	e 305, Phoenix, A	AZ 85034
Reimbursement from political contributions intended			
	Category (See Categories listed at the top of this schedule)	Description	6.2
PURPOSE OF EXPENDITURE	Fundraising Expense	Domain purcha	se
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit Co		Office sought	Office held
Date	Payee name		
09/11/2023	GotPrint.com		
	Payee address;	City	State: 7in Code
Amount (\$) 87.29	7651 N. San Fernando Rd., Burbar	City;	State; Zip Code
Reimbursement from	7651 N. San Fernando Nu., Burbar	IK, OA 31003	
political contributions intended		Description	
	Category (See Categories listed at the top of this schedule)	Description.	
PURPOSE OF	Category (See Categories listed at the top of this schedule) Printing Expense	Campaign Car	ds
PURPOSE		Campaign Car	TX, officeholder living expense
PURPOSE OF	Printing Expense	Campaign Car	