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: 12

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR | FIRST: Claudia | MI: A

NICKNAME | LAST: Zapata | SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

Change of Address

ADDRESS / PO BOX: [redacted] | APT / SUITE # | CITY: Kyle, TX 78640 | STATE | ZIP CODE

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE | PHONE NUMBER: ([redacted]) | EXTENSION

6 CAMPAIGN TREASURER NAME

MS / MRS / MR | FIRST: Claudia | MI: A

NICKNAME | LAST: Zapata | SUFFIX

7 CAMPAIGN TREASURER ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE): [redacted] | APT / SUITE # | CITY: Kyle, TX 78640 | STATE | ZIP CODE

8 CAMPAIGN TREASURER PHONE

AREA CODE | PHONE NUMBER: ([redacted]) | EXTENSION

9 REPORT TYPE

- ☐ January 15
- ☐ 30th day before election
- ■ Runoff
- ☐ 15th day after campaign treasurer appointment (Officeholder Only)
- ☐ July 15
- ☐ 8th day before election
- ☐ Exceeded Modified Reporting Limit
- ☐ Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month 10 / Day 29 / Year 23 THROUGH Month 12 / Day 01 / Year 23

11 ELECTION

ELECTION DATE: Month 12 / Day 9 / Year 23

ELECTION TYPE:
- ☐ Primary
- ■ Runoff
- ☐ Other Description _____
- ☐ General
- ☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known): Kyle City Council, District 4

14 NOTICE FROM POLITICAL COMMITTEE(S)

Additional Pages

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.

COMMITTEE TYPE
- ☐ GENERAL
- ☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

OFFICE USE ONLY

Date Received

RECEIVED
By Jennifer Kirkland at 10:55 am, Aug 15, 2025

Date Hand-delivered or Date Postmarked

Receipt # | Amount $

Date Processed

Date Imaged

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)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 666.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	$ 0
	4. TOTAL POLITICAL EXPENDITURES	$ 646.58
CONTRIBUTION BALANCE	5 TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 30.37
OUTSTANDING LOAN TOTALS	6 TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 0

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 [redacted]

My address is [redacted] (street), Kyle (city), TX (state), 78640 (zip code), US (country)

Executed in Hays County, State of Texas, on the 12 day of August (month), 2025 (year)

Signature of Candidate/Officeholder (Declarant)

Forms provided by Texas Ethics Comm[illegible] sta

Reset Form | Reset Page

Revised 1/1/2025

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
Claudia Zapata	

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1	SCHEDULE A1 MONETARY POLITICAL CONTRIBUTIONS	$ 666.00
2	SCHEDULE A2 NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$ 0
3	SCHEDULE B PLEDGED CONTRIBUTIONS	$ 0
4	SCHEDULE E LOANS	$ 0
5	SCHEDULE F1 POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 646.58
6	SCHEDULE F2 UNPAID INCURRED OBLIGATIONS	$ 0
7	SCHEDULE F3 PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$ 0
8	SCHEDULE F4 EXPENDITURES MADE BY CREDIT CARD	$ 0
9	SCHEDULE G POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	$ 0
10	SCHEDULE H PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$ 0
11	SCHEDULE I NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 0
12	SCHEDULE K INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	$ 0

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 Candidates/Officeholder/Political Committee
Credit Card Payment
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 Expenses
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
3	Claudia Zapata	

Expenditure 1

4 Date	5 Payee name	
11/06/23	Home Depot	
6 Amount ($)	**7** Payee address	City, State, Zip Code
17.49	3730 Dry Hole Drive Kyle TX 78640	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): Advertising Expense	(b) Description: Zip Ties
	(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

Expenditure 2

Date	Payee name	
11/11/23	Facebook	
Amount ($)	Payee address	City, State, Zip Code
410.63	1 Hacker Way, Menlo Park, CA 94025	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Advertising Expense	Description: Ads
	Check if travel outside of Texas. Complete Schedule T	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Expenditure 3

Date	Payee name	
11/11/23	Rewired LLC	
Amount ($)	Payee address	City, State, Zip Code
133.90	41 Flatbush Avenue Fl 1, PMB 731, Brooklyn, New York 11217	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Polling Expense	Description: Texts
	Check if travel outside of Texas. Complete Schedule T	Check if Austin, TX, officeholder living expense
Complete ONLY 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
3	Claudia Zapta	

4 Date: 11/11/23
5 Payee name: Action Squared
6 Amount ($): 13.00
7 Payee address: 1900 L Street NW, Suite 900 — City: — State: — Zip Code: Washington, District of Columbia 20036

8 PURPOSE OF EXPENDITURE
(a) Category (See Categories listed at the top of this schedule): Fundraising Expense
(b) Description: Emailing Software
(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: 11/11/23
Payee name: Walmart
Amount ($): 7.53
Payee address: 5754 Kyle Pkwy, Kyle, TX, 7864 — City: — State: — Zip Code:

PURPOSE OF EXPENDITURE
Category (See Categories listed at the top of this schedule): Food/Beverage Expense
Description: Gatorades for block walking
Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX. officeholder living expense.

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name — Office sought — Office held

---

Date: 11/12/23
Payee name: Namecheap, Inc
Amount ($): 11.90
Payee address: 4600 East Washington Street Suite 300. Phoenix, AZ 85034 — City: — State: — Zip Code:

PURPOSE OF EXPENDITURE
Category (See Categories listed at the top of this schedule): Advertising Expense
Description: Domain name
Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX officeholder living expense.

Complete ONLY 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
3	Claudia Zapata	

4 Date 11/15/23

5 Payee name Home Depot

6 Amount ($) 18.68

7 Payee address 3730 DRY HOLE DRIVE, KYLE, TX 78640 — City, State, Zip Code

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): Advertising Expense

(b) Description: T-posts

(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 11/24/23

Payee name Amazon

Amount ($) 33.45

Payee address 410 Terry Ave N, Seattle, WA 98109 — City, State, Zip Code

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): Printing Expense

Description: Sticker labels

Check if travel outside of Texas. Complete Schedule T — Check if Austin, TX. officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name — 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 Austin, TX. officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name — Office sought — Office held

---

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 6

2 FILER NAME: Claudia Zapata

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor / out-of-state PAC (ID#)	6 Contributor address / City / State / Zip Code	7 Amount of contribution ($)
11/08/23	Beatriz Reynoso	[redacted] Harlingen, TX	100.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
Consultant	Zir Design Consulting

Date	Full name of contributor / out-of-state PAC (ID#)	Contributor address / City / State / Zip Code	Amount of contribution ($)
11/08/23	Gina Sandoval	[redacted] San Antonio TX 78249	50.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Scrum Master	USAA

Date	Full name of contributor / out-of-state PAC (ID#)	Contributor address / City / State / Zip Code	Amount of contribution ($)
11/12/23	John Sanford	[redacted] Kyle TX 78640	50.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Real Estate Broker	Self

Date	Full name of contributor / out-of-state PAC (ID#)	Contributor address / City / State / Zip Code	Amount of contribution ($)
11/13/23	Letitia Dace	[redacted] Manhattan KS 66502	5.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Unemployed	Unemployed

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: 6

2 FILER NAME: Claudia Zapata

3 Filer ID (Ethics Commission Filers):

4 Date	**5** Full name of contributor (out-of-state PAC (ID# _____))	**6** Contributor address	City	State	Zip Code	**7** Amount of contribution ($)
11/13/23	Kathryn Smith-Connell	[redacted]	Chicago	IL	60626	5.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Not employed	Not employed

Date	Full name of contributor (out-of-state PAC (ID# _____))	Contributor address	City	State	Zip Code	Amount of contribution ($)
11/13/23	LarryHoellwarth	[redacted]	Chicago	IL	60640	50.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Retired	None

Date	Full name of contributor (out-of state PAC (ID# _____))	Contributor address	City	State	Zip Code	Amount of contribution ($)
11/14/23	Luis Rodriguez	[redacted]	Lemon Grove	CA	91945	4.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Technician	N/A

Date	Full name of contributor (out-of-state PAC (ID# _____))	Contributor address	City	State	Zip Code	Amount of contribution ($)
11/14/23	PattyNilsson	[redacted]	Wimberley	TX	78676	50.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Not Employed	Not Employed

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: 6

2 FILER NAME: Claudia Zapata

3 Filer ID (Ethics Commission Filers):

4 Date	**5** Full name of contributor / out-of-state PAC (ID#)	**6** Contributor address / City / State / Zip Code	**7** Amount of contribution ($)
11/14/23	Leonel Leal	[redacted] Saint Joseph MI 49085	4.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Engineering	Amazon

Date	Full name of contributor / out-of-state PAC (ID#)	Contributor address / City / State / Zip Code	Amount of contribution ($)
11/14/23	michael kleinman	[redacted] austin TX 78711	20.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Retail	MLK LLC

Date	Full name of contributor / out-of-state PAC (ID#)	Contributor address / City / State / Zip Code	Amount of contribution ($)
11/14/23	John Mascotte	[redacted] Tulsa OK 74137	20.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Not Employed	Not Employed

Date	Full name of contributor / out-of-state PAC (ID#)	Contributor address / City / State / Zip Code	Amount of contribution ($)
11/14/23	Sally Bowden	[redacted] New York NY 10003	8.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Not Employed	Not Employed

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: 6

2 FILER NAME: Claudia Zapata

3 Filer ID (Ethics Commission Filers):

---

4 Date: 11/14/23

5 Full name of contributor: Paula Gandolfo

out-of-state PAC (ID# _____)

6 Contributor address: [redacted] City: San Diego State: CA Zip Code: 92109

7 Amount of contribution ($): 44.00

---

8 Principal occupation / Job title (See Instructions): Not Employed

9 Employer (See Instructions): Not Employed

Date: 11/14/23

Full name of contributor: Patricia Janenko

out-of-state PAC (ID# _____)

Contributor address: [redacted] City: Gresham State: OR Zip Code: 97030

Amount of contribution ($): 2.00

Principal occupation / Job title (See Instructions): Tutor

Employer (See Instructions): Self

Date: 11/14/23

Full name of contributor: Judith Herman

out-of-state PAC (ID# _____)

Contributor address: [redacted] City: Concord State: MA Zip Code: 1742

Amount of contribution ($): 4.00

Principal occupation / Job title (See Instructions): Not employed

Employer (See Instructions): Not employed

Date: 11/14/23

Full name of contributor: sara inés calderón

out-of-state PAC (ID# _____)

Contributor address: [redacted] City: Austin State: TX Zip Code: 78715

Amount of contribution ($): 20.00

Principal occupation / Job title (See Instructions): software developer

Employer (See Instructions): Self

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: 6

2 FILER NAME: Claudia Zapata

3 Filer ID (Ethics Commission Filers):

4 Date	**5** Full name of contributor / out-of-state PAC (ID#)	**6** Contributor address / City / State / Zip Code	**7** Amount of contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
11/14/23	William Himel	[redacted] Skokie IL 60077	5.00	Not Employed	Not Employed
11/14/23	Susan Hamm	[redacted] Johnson City TX 78636	12.00	Not Employed	Not Employed
11/14/23	Katherine Tijerina	[redacted] San Marcos TX 78666	20.00	social worker	davita dialysis
11/14/23	CHARLIE BALL	[redacted] Indio CA 92203	8.00	Not Employed	Not Employed

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: 6

2 FILER NAME: Claudia Zapata

3 Filer ID (Ethics Commission Filers):

4 Date	**5** Full name of contributor (out-of-state PAC (ID# _____))	**6** Contributor address / City / State / Zip Code	**7** Amount of contribution ($)
11/15/23	Juan Arredondo	[redacted] San Marcos TX 78666	50.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Chief of Staff	Texas House of Representatives

Date	Full name of contributor (out of state PAC (ID# _____))	Contributor address / City / State / Zip Code	Amount of contribution ($)
11/15/23	Anna Johnson	[redacted] CHICAGO IL 60660	15.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Not Employed	Not Employed

Date	Full name of contributor (out-of-state PAC (ID# _____))	Contributor address / City / State / Zip Code	Amount of contribution ($)
11/16/23	Gina Sandoval	[redacted] San Antonio TX 78249	20.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
IT systems Analyst	Fin svc co.

Date	Full name of contributor (out-of-state PAC (ID# _____))	Contributor address / City / State / Zip Code	Amount of contribution ($)
11/18/23	Susanna Woody	[redacted] AUSTIN TX 78744	100.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
PM	AMD

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.