CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT COVER SHEET PG 1 2 Total pages filed Filer ID (Ethers Commission Filers) The C/OH Instruction Guide explains how to complete this form. 3 CANDIDATE/ MI MS / MRS / MR FIRST OFFICE USE ONLY OFFICEHOLDER Claudia NAME Date Received SUFFIX **NICKNAME** LAST Zapata RECEIVED By Jennifer Kirkland at 10:55 am, Aug 15, 2025 ZIP CODE 4 CANDIDATE / STATE. APT / SUITE # CITY ADDRESS / PO BOX OFFICEHOLDER Kyle, TX 78640 MAILING **ADDRESS** Change of Address 5 CANDIDATE/ EXTENSION AREA CODE PHONE NUMBER Date Hand-delivered or Date Postmarked OFFICEHOLDER PHONE Amount \$ Receipt # MI MS / MRS / MR FIRST CAMPAIGN Claudia TREASURER **Date Processed** NAME **SUFFIX NICKNAME** LAST Date Imaged Zapata ZIP CODE STATE CITY. APT / SUITE # STREET ADDRESS (NO PO BOX PLEASE) CAMPAIGN Kyle, TX 78640 TREASURER **ADDRESS** (Residence or Business) **EXTENSION** PHONE NUMBER AREA CODE 8 CAMPAIGN TREASURER PHONE REPORT TYPE 15th day after campaign 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) **Exceeded Modified** July 15 Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD Month Day Year Month Year Day 12 COVERED 23 23 10 **THROUGH ELECTION TYPE ELECTION DATE** # ELECTION Primary Other Day Year Month Description 12 23 General Special 13 OFFICE SOUGHT (if known) OFFICE HELD (# 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 14 NOTICE FROM THE CANDIDATE I OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR POLITICAL CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2** Forms provided by Texas Ethics Com C5 5 Revised 1/1/2025 **Reset Form Reset Page**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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FORM C/OH COVER SHEET PG 2

Revised 1/1/2025

		<u> </u>	
15 C/OH NAME Claudia Zapata		16	Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITIC PLEDGES, LOANS OR GUAR CONTRIBUTIONS MADE ELE		s
	2. TOTAL POLITICAL CONTR (OTHER THAN PLEDGES, LO	IBUTIONS ANS. OR GUARANTEES OF LOANS)	\$ 666.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITIC	AL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPEND	DITURES	\$ 646.58
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBU OF REPORTING PERIOD	TIONS MAINTAINED AS OF THE LAST DA	s 300. 31 Colors
OUTSTANDING LOAN TOTALS	6 TOTAL PRINCIPAL AMOUNT CLAST DAY OF THE REPORTING	OF ALL OUTSTANDING LOANS AS OF THE	\$
	wear, or affirm, under penalty of perjury, under to be reported by me under Title 15, I		correct and includes all information
		Signature of Candida	ate or Officeholder
	Places comm	elete either option below:	
	riease comp	nete elliter option below.	
(1) Affidavit			
NOTARY STAMP/SEAL			
Swom to and subscribed b	perfore me by	this the	day of,
20, to certify w	hich, witness my hand and seal of office.		
Signature of officer administerii	ng oath Printed name of offi	cer administering oath	Title of officer administering oath
		OR	
2) Unsworn Declaration			
ly name is Claudia Za	pata	and my date of birth is	
ly address is		Kyle TX	78640 US
xecuted in Hays	(street) County, State of Texas	(city) (state) , on the 12 day of August	(zip code) (country)
XOCUMO IN TOTAL	County, State of	on the 12 day of Jugust	(year)
		Signature of Ca/didate/C	Officeholder (Declarant)
		- V	

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SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME Claudio Lapata	20 Filer ID (Ethics Co.	mmissi	on Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL
1	SCHEDULE A1 MONETARY POLITICAL CONTRIBUTIONS		s (066.00
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 COI	NTRIBUTIONS	s (146.58
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 FUN	IDS	\$	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 CO	NTRIBUTIONS	\$	0
12	SCHEDULE K INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT	IONS RETURNED	\$	0

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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SCHEDULE F1

Revised 1/1/2025

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EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Solicitation/Fundrareing Expense Loan Repayment/Reimbursament **Event Expense** Accounting/Banking Transportston Equipment & Related Expense Office Overhead/Rental Expense Consulting Expense Travel in District Food/Beverage Expense Polling Expense Contributions/Donations Made By Travel Out Of District Grl/Awarde/Memonals Expense Printing Expense Other (enter a category not feted above) Candidate/Officeholder/Political Committee Salanes/Wages/Contract Labor 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 Claudia Zapata 4 Date 5 Payee name 11/06/23 Home Depot Zip Code State. City. 6 Amount (\$) 7 Payee address. 17.49 3730 Dry Hole Drive Kyle TX 78640 (b) Description (a) Category (See Categories listed at the top of this schedule). 8 Advertising Expense Zip Ties PURPOSE OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin TX, officeholder living expense Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Facebook 11/11/23 City, State: Zip Code Amount (\$) Payee address 1 Hacker Way, Menlo Park, CA 94025 410.63 Category (See Categories listed at the top of this schedule) Description Advertising Expense Ads **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH Payee name Date 11/11*[*23 Rewired LLC Amount (\$) Payee address. City; State: Zip Code 41 Flatbush Avenue 133.90 FI 1, PMB 731, Brooklyn, New York 11217 Category (See Categories listed at the top of this schedule) Description Polling Expense **PURPOSE** Texts OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T Check if Austin TX officeholder living expense Candidata / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By

Event Expense Fees Food/Beverage Expense Grit/Awards/Memonals Expense

Loan Repayment/Rembursement Office Overhead/Rental Expense Polking Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Traivel Out Of District

Total pages Schedule F1	2 FILER NAME Claudia Zapta		3 Filer ID (Ethics Commission Filers)
Date 11/11/23	5 Payee name Action Squared		
5 Amount (\$)	7 Payee address	City.	State, Zip Code
13.00	1900 L Street NW, Suite 900 Washington, District of Columbia 200	36	
В	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Fundraising Expense	Emailing Softw	vare
	(C) Check if travel outside of Texas Complete Schedule T	Check if Austr	n TX officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
11/11/23	Walmart		
Amount (\$)	Payee address.	City;	State, Zip Code
7.53	5754 Kyle Pkwy, Kyle, TX, 7864		
	Category (See Categories tisted at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Gatorades for	block walking
	Check if travel outside of Texas Complete Schedule T	Check if Austr	n. TX. officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
11/12/23	Namecheap, Inc		
Amount (\$) 11.90	Payee address. 4600 East Washington Street Suite 3	OO. Phoenix, AZ	State; Zip Code 2 85034
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Domain name	
	Check if travel outside of Texas Complete Schedule T	Check if Austi	in TX officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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SCHEDULE F1

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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/Rembursement Solicitation/Fundraising Expense Accounting/Bantong Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Grl/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salanes/Weges/Contract Labor Other (enter a category not fisted 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) Claudia Zapata 4 Date 5 Payee name 11/15/23 Home Depot 6 Amount (\$) 7 Payee address. City. Zip Code State, 18.68 3730 DRY HOLE DRIVE, KYLE, TX 78640 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **Advertising Expense** T-posts **PURPOSE** OF EXPENDITURE (c) Check if travel outside of Taxas. Complete Schedule T. Check if Austin TX officeholder living expense Candidate / Officeholder name Office sought 9 Complete ONLY if direct Office held expenditure to benefit C/OH Payee name Date 11/24/23 Amazon Amount (\$) Payee address. City; State, Zip Code 33.45 410 Terry Ave N, Seattle, WA 98109 Category (See Categories listed at the top of this schedule) Description Printing Expense Sticker labels PURPOSE OF EXPENDITURE Check if travel outside of Texas Complete Schedule T Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State: Zip Code Category (See Categories listed at the top of this schedule): Description **PURPOSE** OF EXPENDITURE Check if trevel outside of Texas. Complete Schedule T. Check if Austin TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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SCHEDULE A1

If the reques	sted information is not applicable, DO NOT	Γ Include this page in the	report.
The	Instruction Guide explains how to complete	this form.	1 Total pages Schedule A1
2 FILER NAME Claudia Za			3 Filer ID (Ethics Commission Filers)
4 Date		7 Amount of contribution (\$) 100.00	
	6 Contributor address. Harlingen, TX	State, Zip Code	
8 Principal occi Consultant	upation / Job title (See Instructions)	9 Employer (See Instruct Zir Design Consultir	1
Date 11/08/23	Full name of contributor out-of-state Gina Sandoval	PAC (ID#)	Amount of contribution (\$) 50.00
11/00/23	Contributor address. City. San Antonio	State, Zip Code TX 78249	
Principal occu Scrum Maste	pation / Job title (See Instructions)	Employer (See Instruct USAA	ions)
Date 11/12/23	Full name of contributor out-of-state John Sanford	PAC (ID#)	Amount of contribution (\$) 50.00
	Contributor address. City. Kyle TX 78640	State, Zip Code	
Principal occu Real Estate	pation / Job title (See Instructions) Broker	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state Letitia Dace	PAC (ID#)	Amount of contribution (\$)
11/13/23	Contributor address. City. Manhattan	State, Zip Code KS 66502	5.00
Principal occur Unemployed	pation / Job title (See Instructions)	Employer (See Instruct Unemployed	lions)
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SCHEDULE A1

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2 FILER NAMI Claudia Za			3 Filer ID (Ethics Commission Filers)
4 Dete 11/13/23	5 Full name of contributor Kathryn Smith-Connell 6 Contributor address. City. Chicago	State. Zip Code IL 60626	7 Amount of contribution (\$) 5.00
8 Principal occ	cupation / Job title (See Instructions)	9 Employer (See Instruct Not employed	ions)
Date 11/13/23	Full name of contributor LarryHoellwarth Contributor address. Chicago IL	State, Zip Code 60640	Amount of contribution (\$) 50.00
Principal occi Retired	upation / Job title (See Instructions)	Employer (See Instruction None	ons)
Date 11/14/23	Full name of contributor out-of state PA Luis Rodriguez Contributor address. City. Lemon Grove	State, Zip Code CA 91945	Amount of contribution (\$) 4.00
Principal occi Technician	upation / Job title (See Instructions)	N/A	ons)
Date 11/14/23	PattyNilsson Contributor address, City: Wimberley	State, Zip Code TX 78676	Amount of contribution (\$) 50.00
Principal occur Not Employe	pation / Job title (See Instructions)	Employer (See Instruct Not Employed	ions)
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SCHEDULE A1

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2 FILER NAMI Claudia Za			···		3 Fil	er ID (Ethics Commission Filers)
4 Date 11/14/23	5 Full name of Leonel Lea	35 * 5 * 5 * 5 * 5 * 5 * 5 * 5 * 5 * 5 *	-of-state PAC (ID#	7 Ап	nount of contribution (\$) 4.00
1171-7720	6 Contributor	address: Cr Saint Jo	- T	State, Zip Code		
8 Principal occ	cupation / Job title	(See Instructions)		Employer (See Instruc	tions)	
Date 11/14/23	Full name of michael kle		-of-state PAC (ID#)	Ап	nount of contribution (\$) 20.00
	Contributor		78711	State; Zip Code		
Principal occ Retail	upation / Job title (See Instructions)	N	Employer (See Instruc	tions)	
Date 11/14/23	Full name of John Masc		of-state PAC (D#)	Αn	ount of contribution (\$) 20.00
	Contributor	address: Cit	y: Tulsa	State, Zip Code OK 74137		
Principal occi Not Employe	upation / Job title (See Instructions)	N	employer (See Instruction of Employed	tions)	
Date	Full name of Sally Bowd		of-state PAC ()	D#)	An	ount of contribution (\$)
11/14/23	Contributor	address, City New Yor		And the state of t		0.00
Principal occu	upation / Job title (S	see instructions)	N	Employer (See Instruction of Employed	tions)	
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2 FILER NAM Claudia Za	~ -		3 Filer ID (Ethics Commission Filers)
4 Date 11/14/23	5 Full name of contributor out-of-state PAC (ID#) Paula Gandolfo		7 Amount of contribution (\$) 44.00
11/14/23	6 Contributor address, City; San Diego CA 9	State; Zip Code	
8 Principal of Not Employ	cupation / Job title (See Instructions) ed	Employer (See Instruction of Employed	ons)
Date 11/14/23	Full name of contributor out-of-state PAC (to Patricia Janenko	D#}	Amount of contribution (\$) 2.00
	Contributor address. City: Gresh	State, Zip Code am OR 97030	
Principal occ Tutor	upation / Job title (See Instructions)	Employer (See Instruction elf	ons)
Date 11/14/23	Full name of contributor out-of-state PAC (ID#) Judith Herman		Amount of contribution (\$) 4.00
	Contributor address, City, Concord N	State, Zip Code //A 1742	
Principal occ	upation / Job title (See Instructions)	Employer (See Instructi ot employed	ons)
Date 11/14/23	Full name of contributor out-of-state PAC (I	D#)	Amount of contribution (\$) 20.00
11/14/20	Contributor address, City, Austin TX 7	State: Zip Code 8715	
Principal occi software dev	pation / Job title (See Instructions) /eloper	Employer (See Instructi elf	ons)
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2 FILER NAME Claudia Zapa	ıta			3 Filer ID (Ethics Co	ommission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#) William Himel		7 Amount of contri	5.00		
11/14/23	6 Contributor add	Skokie IL	State, Zip Code 60077		
8 Principal occupi	ation / Job title (Sec	Instructions)	9 Employer (See Instruction Not Employed	ctions)	
Date 11/14/23	Full name of cor Susan Ha	ntributor out-of-state f	PAC (ID#)	Amount of contri	bution (\$) 12.00
	Contributor add	Johnson City TX	State, Zip Code 78636		
Principal occupa	ition / Job title (See	Instructions)	Not Employed	ctions)	
Date 11/14/23	Full name of cor Katherine Tije Contributor add	erina City.	PAC (ID#) State, Zip Code	Amount of contri	bution (\$) 20.00
Principal occupa	tion / Job title (See		rcos TX 78666 Employer (See Instrudavita dialysis	ctions)	
Date 11/14/23	Full name of cor	LL ,	PAC (ID#)	Amount of contr	ibution (\$) 8.00
	Contributor add	Indio CA 92	State, Zip Code 203		
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SCHEDULE A1

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FILER NAM	1E		3 Filer ID (Ethics Commission Filers)
Date 1/15/23	5 Full name of contributor out-of-state PAC (ID#) Juan Arredondo		7 Amount of contribution (\$) 50.00
Principal och	cupation / Job title (See Instructions)	9 Employer (See Instruction Texas House of Rep	
Date 1/15/23	Full name of contributor out of state PAC Anna Johnson Contributor address. City, CHICAGO	State, Zip Code 1L 60660	Amount of contribution (\$) 15.00
Principal occ ot Employ	upation / Job title (See Instructions) ed	Employer (See Instruction Not Employed	ions)
Date /16/23	Full name of contributor out-of-state PAC Gina Sandoval Contributor address. City San Anton	State, Zip Code	Amount of contribution (\$) 20.00
Principal occi	apation / Job title (See Instructions) Analyst	Employer (See Instructi	ons)
Date /18/23	Full name of contributor Susanna Woody Contributor address, City. AUSTIN	State, Zip Code TX 78744	Amount of contribution (\$) 100.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ons)
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