

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

10

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

Claudia

MI

A

NICKNAME

LAST

Zapata

SUFFIX

OFFICE USE ONLY

Date Received

RECEIVED

By Jennifer Kirkland at 8:42 am, Oct 07, 2025

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX

APT / SUITE #

Kyle, TX 78640

CITY

STATE

ZIP CODE

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

Date Hand-delivered or Date Postmarked

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

Claudia

MI

A

NICKNAME

LAST

Zapata

SUFFIX

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE)

APT / SUITE #

Kyle, TX 78640

CITY

STATE

ZIP CODE

(Residence or Business)

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

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

Day

Year

07

01

25

THROUGH

Month

Day

Year

09

25

25

11 ELECTION

ELECTION DATE

Month

Day

Year

11

04

25

Primary

Runoff

Other Description

General

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Kyle City Council, District 3

14 NOTICE FROM POLITICAL COMMITTEE(S)

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

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

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)	\$ 2990.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 771.30
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2218.70 2970.00
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 ██████████
 My address is ██████████, Kyle TX 78640 US
(street) (city) (state) (zip code) (country)
 Executed in Hays County, State of Texas, on the 06 day of October, 2025
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME Claudia Zapata		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2990.00
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	\$ 771.30
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

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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

5

2 FILER NAME

Claudia Zapata

3 Filer ID (Ethics Commission Filers)

4 Date

08/26/25

5 Full name of contributor

JD Sanford

out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

150.00

6 Contributor address

City

State

Zip Code

Buda, TX 78610

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

08/27/28

Full name of contributor

Paige Giordano

out-of-state PAC (ID# _____)

Amount of contribution (\$)

20.00

Contributor address

City

State

Zip Code

Kyle, TX 78640

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/29/25

Full name of contributor

Samantha Benavides

out-of-state PAC (ID# _____)

Amount of contribution (\$)

150.00

Contributor address

City

State

Zip Code

Laredo, TX 78041

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/31/25

Full name of contributor

Monica Becerra

out-of-state PAC (ID# _____)

Amount of contribution (\$)

150.00

Contributor address

City

State

Zip Code

Kyle, TX 78666

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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 5
2 FILER NAME Claudia Zapata		3 Filer ID (Ethics Commission Filers)
4 Date 08/31/25	5 Full name of contributor out-of-state PAC (ID# _____) Karen Munoz	7 Amount of contribution (\$) 50.00
6 Contributor address, City, State, Zip Code [REDACTED] San Marcos, TX 78667		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
[REDACTED]		[REDACTED]

Date 09/01/25	Full name of contributor out-of-state PAC (ID# _____) Marina Roberts	Amount of contribution (\$) 100.00
Contributor address, City, State, Zip Code [REDACTED] Austin, TX 78758		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
[REDACTED]		[REDACTED]

Date 09/02/25	Full name of contributor out-of-state PAC (ID# _____) Amy Lee Kamp	Amount of contribution (\$) 25.00
Contributor address, City, State, Zip Code [REDACTED] San Marcos, TX 78666		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
[REDACTED]		[REDACTED]

Date 09/04/25	Full name of contributor out-of-state PAC (ID# _____) Michael Lewis	Amount of contribution (\$) 250.00
Contributor address, City, State, Zip Code [REDACTED] Lockhart, TX 78644		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
[REDACTED]		[REDACTED]

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1 5
2 FILER NAME Claudia Zapata		3 Filer ID (Ethics Commission Filers)
4 Date 09/13/25	5 Full name of contributor out-of-state PAC (ID# _____) Alyssa Ramirez	7 Amount of contribution (\$) 50.00
6 Contributor address, City, State, Zip Code [REDACTED] San Marcos, TX 78666		
8 Principal occupation / Job title (See Instructions) [REDACTED]		9 Employer (See Instructions) [REDACTED]
Date 09/13/25	Full name of contributor out-of-state PAC (ID# _____) Jeffrey Kaufmann	Amount of contribution (\$) 50.00
Contributor address, City, State, Zip Code [REDACTED] Buda, TX 78610		
Principal occupation / Job title (See Instructions) [REDACTED]		Employer (See Instructions) [REDACTED]
Date 09/13/25	Full name of contributor out-of-state PAC (ID# _____) Paul Hill	Amount of contribution (\$) 50.00
Contributor address, City, State, Zip Code [REDACTED] Kyle, TX 78640		
Principal occupation / Job title (See Instructions) [REDACTED]		Employer (See Instructions) [REDACTED]
Date 09/14/25	Full name of contributor out-of-state PAC (ID# _____) John Hatch	Amount of contribution (\$) 100.00
Contributor address, City, State, Zip Code [REDACTED] Buda, TX 78610		
Principal occupation / Job title (See Instructions) [REDACTED]		Employer (See Instructions) [REDACTED]

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1 5
2 FILER NAME Claudia Zapata		3 Filer ID (Ethics Commission Filers)
4 Date 09/05/25	5 Full name of contributor out-of-state PAC (ID# _____) Adam French	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code [REDACTED] Kyle, TX 78640		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
[REDACTED]		
Date 09/08/25	Full name of contributor out-of-state PAC (ID# _____) Samuel Newman	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code [REDACTED] Garland, TX 75042		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
[REDACTED]		
Date 09/09/25	Full name of contributor out-of-state PAC (ID# _____) Susie Ishibashi	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code [REDACTED] Kyle, TX 78640		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
[REDACTED]		
Date 09/13/25	Full name of contributor out-of-state PAC (ID# _____) Franky Prado	Amount of contribution (\$) 20.00
Contributor address; City; State; Zip Code [REDACTED] Kyle, TX 78640		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
[REDACTED]		

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1 5
2 FILER NAME Claudia Zapata		3 Filer ID (Ethics Commission Filers)
4 Date 09/27/25	5 Full name of contributor out-of-state PAC (ID# _____) Cynthia Arredondo	7 Amount of contribution (\$) 50.00
6 Contributor address; City, State, Zip Code [REDACTED] San Marcos, TX 78666		
8 Principal occupation / Job title (See Instructions) [REDACTED]		9 Employer (See Instructions) [REDACTED]

Date 09/13/25	Full name of contributor out-of-state PAC (ID# _____) Rene Zapata	Amount of contribution (\$) 100.00
Contributor address; City, State, Zip Code [REDACTED] Austin, TX 78724		
Principal occupation / Job title (See Instructions) [REDACTED]		Employer (See Instructions) [REDACTED]

Date 09/13/25	Full name of contributor out-of-state PAC (ID# _____) Lucy Johnson	Amount of contribution (\$) 1500.00
Contributor address; City, State, Zip Code [REDACTED] San Marcos, TX 78666		
Principal occupation / Job title (See Instructions) [REDACTED]		Employer (See Instructions) [REDACTED]

Date 09/14/25	Full name of contributor out-of-state PAC (ID# _____) John Hatch	Amount of contribution (\$) 100.00
Contributor address; City, State, Zip Code [REDACTED] Buda, TX 78610		
Principal occupation / Job title (See Instructions) [REDACTED]		Employer (See Instructions) [REDACTED]

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
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	2 FILER NAME Claudia Zapata	3 Filer ID (Ethics Commission Filers)
4 Date 09/05/25	5 Payee name Walgreens	
6 Amount (\$) 20.74	7 Payee address; City; State; Zip Code 6205 FM2770, Kyle, TX 78640	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Business cards
	(c) <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 09/06/25	Payee name Texas Democratic Party	
Amount (\$) 575.00	Payee address; City; State; Zip Code 314 Highland Blvd, Austin, TX 78752	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description NGP VAN
	<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 09/12/25	Payee name HEB	
Amount (\$) 78.36	Payee address; City; State; Zip Code 5401 FM1626, Kyle, TX 78640	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fundraising Expense	Description Food/Beverage
	<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
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 <i>2</i>	2 FILER NAME Claudia Zapata	3 Filer ID (Ethics Commission Filers)
4 Date 09/13/25	5 Payee name Walgreens	
6 Amount (\$) 20.02	7 Payee address, City, State, Zip Code 6205 FM2770, Kyle, TX 78640	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Leaderboards
	(c) <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 09/20/25	Payee name Kyle Pizza Co	
Amount (\$) 69.38	Payee address, City, State, Zip Code 118 S Front St, Kyle, TX 78640	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Food for volunteers
	<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>09/01/25</i>	Payee name <i>ActBlue</i>	
Amount (\$) <i>7.80</i>	Payee address, City, State, Zip Code <i>PO Box 441146, Somerville, MA 02144</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fundraising Expense</i>	Description <i>Fees</i>
	<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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