CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to	complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages	filed 10
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST Claudia	MI A	OFFIC	E USE ONLY
NAME		Oladdia		Date Received	
	NICKNAME	Zapata	SUFFIX	RECEIVED By Jennifer Kirklan	d at 8:42 am, Oct 07, 2025
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX	Kyle, TX 7	CITY, STATE, ZIP CODE 8640		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivere	d or Date Postmarked
6 CAMPAIGN	MS / MRS / MR	FIRST	MI	Receipt #	Amount \$
TREASURER		Claudia	Α	Date Processed	
NAME	NICKNAME	LAST	SUFFIX	Date Processed	
	MONNAME	Zapata	331717	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (N	Kyle, TX 7	suite #, city, 78640	STATE.	ZIP CODE
(Residence or Business)					
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION		
TREASURER PHONE	(
9 REPORT TYPE	January 15	30th day before	election Runoff		after campaign appointment der Only)
	July 15	8th day before e	lection Exceeded Modified Reporting Limit	Final Repo	ort (Attach C/OH - FR)
10 PERIOD COVERED	Month 07	Day Year 25	THROUGH 09	25 25	
11 ELECTION	Month Day 11 04	Year Z5 Primary Genera	Description		
12 OFFICE	OFFICE HELD (if any)		Kyle City Council,		
14 NOTICE FROM POLITICAL			S ACCEPTED OR POLITICAL EXPENDITURES N IES MAY HAVE BEEN MADE WITHOUT THE CAN UIRED TO REPORT THIS INFORMATION ONLY IF T		
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL	COMMITTEE ADDRESS			
Additional Pages	SPECIFIC	COMMITTEE CAMPAIGN TE	REASURER NAME		
		COMMITTEE CAMPAIGN T	REASURER ADDRESS		
	GO TO PAGE 2				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

CRUCIAL ZAPATA 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES LOANS, OR GUARANTEES OF LOANS, OR GUARANTEES OF LOANS) 2. TOTAL POLITICAL CONTRIBUTIONS 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE 4. TOTAL POLITICAL EXPENDITURE 5. TOTAL POLITICAL EXPENDITURE CONTRIBUTION BALANCE 6. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY SERVING PRINCIPLE SERVING PRIN					
TOTALS TOTAL POLITICAL CONTRIBUTIONS \$ 2990.0	15 C/OH NAME Claudia Zapata			16 Filer ID (Ethics Co	ommission Filers)
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) EXPENDITURE TOTALS 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE 4. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD OUTSTANDING CONTRIBUTION ELAST DAY OF THE REPORTING PERIOD OUTSTANDING LOAN TOTALS 6. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD OUTSTANDING LOAN TOTALS 1 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 Please complete either option below: (1) Affidavit NOTARY STAMP/SEAL Sworn to and subscribed before me by 20 to certify which, witness my hand and seal of office. Signature of officer administering oath Printed name of officer administering oath OR (2) Unsworn Declaration My name is Claudia Zapata My address it (street) (city) (state)	17 CONTRIBUTION TOTALS	PLEDGES, LOANS, OR GUARAN	ITEES OF LOANS, OR	\$	0
3. TOTAL UNITEMIZED POLITICAL EXPENDITURE 4. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY SEPORTING PERIOD OUTSTANDING LOAN TOTALS 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD 18. SIGNATURE 1 swear, or affirm, under penalty of penjury, that the accompanying report is true and correct and includes all informative required to be reported by me under Title 15, Election Code Please complete either option below: (1) Affidavit NOTARY STAMP/SEAL Sworn to and subscribed before me by		2. TOTAL POLITICAL CONTRIBI	UTIONS	\$	2990.00
OUTSTANDING LOAN TOTALS 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE REPORTING PERIOD 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 Sworm to and subscribed before me by		3. TOTAL UNITEMIZED POLITICAL	EXPENDITURE		0
OUTSTANDING LOAN TOTALS 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE REPORTING PERIOD 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 Sworm to and subscribed before me by		4. TOTAL POLITICAL EXPENDIT	rures	\$	771.30
OUTSTANDING LOAN TOTALS 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE REPORTING PERIOD 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 Sworm to and subscribed before me by			ONS MAINTAINED AS OF THE LAS	* 2218	3, 10 3020035
Signature of Candidate or Officeholder				TUE	0
Please complete either option below: (1) Affidavit NOTARY STAMP / SEAL Sworn to and subscribed before me by				and correct and incl	udes all information
(1) Affidavit NOTARY STAMP/SEAL Sworn to and subscribed before me by			Signature of Car	ndidate or Officehold	er
(1) Affidavit NOTARY STAMP/SEAL Sworn to and subscribed before me by					
NOTARY STAMP/SEAL Sworn to and subscribed before me by		Please comple	ete either option below	:	
NOTARY STAMP/SEAL Sworn to and subscribed before me by					
Sworn to and subscribed before me by	(1) Affidavit				
20, to certify which, witness my hand and seal of office. Signature of officer administering oath Printed name of officer administering oath OR (2) Unsworn Declaration My name is Claudia Zapata, and my date of birth is	NOTARY STAMP/SEA	L			
Signature of officer administering oath OR (2) Unsworn Declaration My name is Claudia Zapata My address is	Sworn to and subscribed	before me by	this the _	day of	,
(2) Unsworn Declaration My name is Claudia Zapata My address is Kyle TX 78640 US (street) (city) (state) (zip code) (country) Executed in Hays County, State of Texas on the O6 day of October (month) 2025 Signature of Candidate/Officeholder (Declarant)	20, to certify	which, witness my hand and seal of office.			
(2) Unsworn Declaration My name is Claudia Zapata My address is Kyle TX 78640 US (street) (city) (state) (zip code) (country) Executed in Hays County, State of Texas on the O6 day of October 2025 (month) Signature of Candidate/Officeholder (Declarant)	Signature of officer administe	ering oath Printed name of offic	er administering oath	Title of office	r administering oath
My name is Claudia Zapata My address is			OR		
My address is	(2) Unsworn Declarat	on			
My address is	My name is Claudia 2	Zapata	, and my date of birth is		
(street) (city) (state) (zip code) (country) Executed in Hays County, State of Texas on the Of October (month) 2025 (year) Signature of Candidate/Officeholder (Declarant)			Kyle T	78640	US
		, ,	_, on the 06 day of Octob	oer 2025	(country)
			Signature of Candid	,	clarant)
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SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

Clau	dia Zapata	20 Filer ID (Ethics Co.	mmissio	n Filers)
21 SC NA	CHEDULE SUBTOTALS AME OF SCHEDULE		_	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	2990.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUT	TIONS	\$	0
3.	SCHEDULE B PLEDGED CONTRIBUTIONS		\$	0
4.	SCHEDULE E: LOANS		\$	0
5,	SCHEDULE F1. POLITICAL EXPENDITURES MADE FROM POLITIC	CAL CONTRIBUTIONS	\$	771.30
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POL	LITICAL CONTRIBUTIONS	\$	0
8.	SCHEDULE F4 EXPENDITURES MADE BY CREDIT CARD		\$	0
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSOI	NAL 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

SCHEDULE A1

	sted 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 Zap	pata	3 Filer ID (Ethics Commission Filers)
4 Date 08/26/25	5 Full name of contributor out-of-state PAC (ID#) JD Sanford 6 Contributor address: City; State, Zip Code Buda, TX 78610	7 Amount of contribution (\$) 150.00
8 Principal occur	pation / Job title (See Instructions) 9	ions)
Date 08/27/28	Full name of contributor out-of-state PAC (ID#) Paige Giordano Contributor address; City, State, Zip Code Kyle, TX 78640	Amount of contribution (\$) 20.00
Principal occur	pation / Job title (See Instructions) Employer (See Instructions)	ons)
Date 08/29/25	Samantha Benavides Contributor address. City, State, Zip Code Laredo, TX 78041	Amount of contribution (\$) 150.00
Principal occup	eation / Job title (See Instructions) Employer (See Instructions)	ons)
Date 08/31/25	Full name of contributor out-of-state PAC (ID#) Monica Becerra Contributor address; City; State, Zip Code Kyle, TX 78666	Amount of contribution (\$) 150.00
Principal occup	ation / Job title (See Instructions) Employer (See Instructions)	ons)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE	
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SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1
² FILER NAME Claudia Zap		3 Filer ID (Ethics Commission Filers)
4 Date 08/31/25	5 Full name of contributor out-of-state PAC (ID#) Karen Munoz 6 Contributor address; City; State; Zip Code San Marcos, TX 78667	7 Amount of contribution (\$) 50.00
8 Principal occu	unation / Joh title (See Instructions)	rtions)
Date 09/01/25	Full name of contributor out-of-state PAC (ID#) Marina Roberts Contributor address; City; State; Zip Code Austin, TX 78758	Amount of contribution (\$) 100.00
Principal occu	nation / Job title (See Instructions) Employer (See Instructions)	tions)
Date 09/02/25	Full name of contributor out-of-state PAC (ID#) Amy Lee Kamp Contributor address: City; State; Zip Code San Marcos, TX 78666	Amount of contribution (\$) 25.00
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	tions)
Date 09/04/25	Full name of contributor out-of-state PAC (ID#) Michael Lewis Contributor address; City, State; Zip Code Lockhart, TX 78644	Amount of contribution (\$) 250.00
Principal occu	pation / Job title (See Instructions) Employer (See Instruct	ions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see Instruction guide for additional r Texas Ethics Comm Reset Form s sta Reset Page	

SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 5
² FILER NAME Claudia Zap	ata	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
00110120	6 Contributor address: City; State; Zip Code San Marcos, TX 78666	
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)
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 Buda, TX 78610	
Principal occur	pation / Job title (See Instructions) Employer (See Instruc	ions)
Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)
09/13/25	Paul Hill	50.00
	Contributor address, City, State, Zip Code Kyle, TX 78640	
Principal occur	pation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)
09/14/25	John Hatch	100.00
	Contributor address; City, State; Zip Code Buda, TX 78610	
Principal occup	eation / Job title (See Instructions) Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	IEEDED
	If contributor is out-of-state PAC, please see Instruction guide for additional	
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SCHEDULE A1

		4 Tatal agges Cabadula A1
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 5
² FILER NAME Claudia Zap	pata	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 (\$)
00/00/20	6 Contributor address; City; State; Zip Code Kyle, TX 78640	
8 Principal occu	nation / Job title (See Instructions) • Employer (See Instruc	tions)
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 Garland, TX 75042	
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)
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 Kyle, TX 78640	
Principal occur	pation / Job title (See Instructions) Employer (See Instructions)	tions)
Date 09/13/25	Full name of contributor out-of-state PAC (ID#:) Franky Prado	Amount of contribution (\$) 20.00
00/10/20	Contributor address; City, State; Zip Code Kyle, TX 78640	
Principal occur	pation / Job title (See Instructions) Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS No structure of the state	reporting requirements.
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SCHEDULE A1

Th	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1
2 FILER NAMI Claudia Za	_	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 San Marcos, TX 78666	
8 Principal occ	Cupation / Joh title (See Instructions) O Employer (See Instructions)	etions)
Date 09/13/25	Full name of contributor out-of-state PAC (ID#) Rene Zapata	Amount of contribution (\$)
	Contributor address City; State; Zip Code Austin, TX 78724	
Principal occ	supation / Job title (See Instructions) Employer (See Instruc	tions)
Date 09/13/25	Full name of contributor out-of-state PAC (ID#) Lucy Johnson	Amount of contribution (\$)
	Contributor address; City; State, Zip Code San Marcos, TX 78666	
Principal occ	cupation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#) John Hatch	Amount of contribution (\$)
09/14/25	Contributor address; City, State; Zip Code Buda, TX 78610	100.00
Principal occ	cupation / Job title (See Instructions) Employer (See Instruc	ctions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS If contributor is out-of-state PAC, please see Instruction guide for additional	
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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
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 Salanes/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Political Credit Card Payment	Committee Legal Services Salaries The Instruction Guide explains how to c	ages/Contract Labor	Other (enter a catego	ry not listed above)
1 Total pages Schedule F1	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; 6205 FM2770, Kyle, TX 78640	City;	State;	Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Business cards	3	
	(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/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
09/06/25	Texas Democratic Party			
Amount (\$) 575.00	Payee address: 314 Highland Blvd, Austin, TX 78752	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description NGP VAN		
	Check if travel outside of Texas Complete Schedule T	Check if Austin	, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
09/12/25	HEB			
Amount (\$) 78.36	Payee address; 5401 FM1626, Kyle, TX 78640	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Fundraising Expense	Food/Beverage)	
	Check if travel outside of Texas Complete Schedule T	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

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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
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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.		
1 Total pages Schedule F1	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, 6205 FM2770, 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 Leaderboards		
	(c) Check if travel outside of Texas Complete Schedule T	Check if Austin	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
09/20/25	Kyle Pizza Co			
Amount (\$) 69.38	Payee address, 118 S Front St, Kyle, TX 78640	City;	State:	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Pescription Food for volun	nteers	
	Check if travel outside of Texas Complete Schedule T	Check if Austi	tin, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
09/01/25	ActBlue			
Amount (\$) 7.80	Po Box 441146, Somer vil	le, MA 021	State,	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Fundraising Expense	Fees		
	Check if travel outside of Texas Complete Schedule T	Check if Aus	stin, TX, officeholder livir	ng expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NE	EEDED	

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