The C/OH Instruction Guide explains how to complete this form.

### 3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR | FIRST | MI
--- | --- | ---
MRS. | OFELIA | 
NICKNAME | LAST | SUFFIX
MALDANADO ZAPATA

### 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #:  
CITY; STATE; ZIP CODE

2000 WOODWARD STREET, APT 306  
AUSTIN, TX 78741

### 5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE | PHONE NUMBER | EXTENSION
--- | --- | ---
(512 ) | 669*0809 |

### 6 CAMPAIGN TREASURER NAME

MS / MRS / MR | FIRST | MI
--- | --- | ---
MS. | KOREENA |
NICKNAME | LAST | SUFFIX
MALONE

### 7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #:  
CITY; STATE; ZIP CODE

4342 ATTRA STREET  
AUSTIN TX 78723

### 8 CAMPAIGN TREASURER PHONE

AREA CODE | PHONE NUMBER | EXTENSION
--- | --- | ---
(512 ) | 350-0127 |

### 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
--- | --- | ---
08 | 17 | 20  
THROUGH  
10 | 27 | 20

### 11 ELECTION

ELECTION DATE

MONTH | DAY | YEAR
--- | --- | ---
11 | 03 | 20

ELECTION TYPE

☐ Primary  
☐ Runoff  
☐ Other Description

☐ General  
☐ Special

### 12 OFFICE

OFFICE HELD (if any)

### 13 OFFICE SOUGHT (if known)

AUSTIN INDEPENDANT SCHOOL DISTRICT TRUSTEE  
DISTRICT 2

---

Forms provided by Texas Ethics Commission  
www.ethics.state.tx.us Revised 1/1/2020
CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT
FORM C/OH
COVER SHEET PG 2

14 C/OH NAME
MRS. OFELIA MALDANADO ZAPATA

15 Filer ID (Ethics Commission Filers)

16 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.

<table>
<thead>
<tr>
<th>COMMITTEE TYPE</th>
<th>COMMITTEE NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>COMMITTEE ADDRESS</th>
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</thead>
<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>COMMITTEE CAMPAIGN TREASURER NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>COMMITTEE CAMPAIGN TREASURER ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

17 CONTRIBUTION TOTALS

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) $ 

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) $ 7,681.59

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. $ 

4. TOTAL POLITICAL EXPENDITURES $ 594.33

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD $ 9,748.27

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD $ 

18 AFFIDAVIT

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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said ____________________________, 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

Forms provided by Texas Ethics Commission www.ethics.state.tx.us Revised 1/1/2020
<table>
<thead>
<tr>
<th>SCHEDULE</th>
<th>NAME OF SCHEDULE</th>
<th>SUBTOTAL AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS</td>
<td>$7,681.59</td>
</tr>
<tr>
<td>2.</td>
<td>SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS</td>
<td>$</td>
</tr>
<tr>
<td>3.</td>
<td>SCHEDULE B: PLEDGED CONTRIBUTIONS</td>
<td>$</td>
</tr>
<tr>
<td>4.</td>
<td>SCHEDULE E: LOANS</td>
<td>$</td>
</tr>
<tr>
<td>5.</td>
<td>SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS</td>
<td>$594.33</td>
</tr>
<tr>
<td>6.</td>
<td>SCHEDULE F2: UNPAID INCURRED OBLIGATIONS</td>
<td>$</td>
</tr>
<tr>
<td>7.</td>
<td>SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS</td>
<td>$</td>
</tr>
<tr>
<td>8.</td>
<td>SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD</td>
<td>$</td>
</tr>
<tr>
<td>9.</td>
<td>SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS</td>
<td>$</td>
</tr>
<tr>
<td>10.</td>
<td>SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH</td>
<td>$</td>
</tr>
<tr>
<td>11.</td>
<td>SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS</td>
<td>$</td>
</tr>
<tr>
<td>12.</td>
<td>SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER</td>
<td>$</td>
</tr>
<tr>
<td>Date</td>
<td>Full name of contributor</td>
<td>out-of-state PAC (ID#)</td>
</tr>
<tr>
<td>------</td>
<td>--------------------------</td>
<td>------------------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>MRS. OFELIA MALDANADO ZAPATA</td>
<td></td>
</tr>
<tr>
<td>10.09.20</td>
<td>ADAM PIRTLE</td>
<td></td>
</tr>
</tbody>
</table>

Contributor address: 4614 Raintree Blvd  AUSTIN  TX 78745

Principal occupation / Job title (See Instructions)  Employer (See Instructions)
## MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

<table>
<thead>
<tr>
<th>FILER NAME</th>
<th>MRS. OFELIA MALDANADO ZAPATA</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>10/09/20</th>
<th>Full name of contributor</th>
<th>MELANIE MULLAN</th>
<th>Amount of contribution ($)</th>
<th>$105.58</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contributor address; City; State; Zip Code</td>
<td>1002 Shelley Ave AUSTIN, TX 78703</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>10/09/20</th>
<th>Full name of contributor</th>
<th>GLORIA LUGO</th>
<th>Amount of contribution ($)</th>
<th>$52.95</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contributor address; City; State; Zip Code</td>
<td>4904 BRASSIEWOOD DRIVE AUSTIN TX 78744</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>10/13/20</th>
<th>Full name of contributor</th>
<th>GENE TACKETT</th>
<th>Amount of contribution ($)</th>
<th>$500.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contributor address; City; State; Zip Code</td>
<td>2927 19TH ST BAKERSFIELD CA 93301</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>10/13/20</th>
<th>Full name of contributor</th>
<th>REX GORE</th>
<th>Amount of contribution ($)</th>
<th>$5,000.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contributor address; City; State; Zip Code</td>
<td>1304 W. OLTORF STREET AUSTIN TX 78704</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

Forms provided by Texas Ethics Commission  www.ethics.state.tx.us  Revised 1/1/2020
# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

<table>
<thead>
<tr>
<th>FILER NAME</th>
<th>MRS. OFELIA MALDANADO ZAPATA</th>
</tr>
</thead>
</table>

### 1. Total pages Schedule A1:

<table>
<thead>
<tr>
<th>Date</th>
<th>Full name of contributor</th>
<th>out-of-state PAC (ID#_______________________)</th>
<th>Amount of contribution ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/13/20</td>
<td>SCOTT BLECH</td>
<td>☐</td>
<td>$52.95</td>
</tr>
<tr>
<td></td>
<td>3703 TIMSON CT.</td>
<td>AUSTIN TX 78731</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10/14/20</td>
<td>ERIC HARSLEM</td>
<td>☐</td>
<td>$1,052.95</td>
</tr>
<tr>
<td></td>
<td>911 OLD STONEHEDGE ST.</td>
<td>AUSTIN TX 78746</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10/16/20</td>
<td>BOB BATLAN</td>
<td>☐</td>
<td>$70.87</td>
</tr>
<tr>
<td></td>
<td>3408 NORMANDY RIDGE LANE</td>
<td>AUSTIN TX 78738</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10/17/20</td>
<td>ROBERT DOGGETT</td>
<td>☐</td>
<td>$105.58</td>
</tr>
<tr>
<td></td>
<td>4308 BELLVUE AVE</td>
<td>AUSTIN TX 78756</td>
<td></td>
</tr>
</tbody>
</table>

### Attach additional copies of this schedule as needed

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.
<table>
<thead>
<tr>
<th>Date</th>
<th>Full name of contributor</th>
<th>out-of-state PAC (ID#_______________________)</th>
<th>Amount of contribution ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/20/20</td>
<td>DORA OLIVO</td>
<td></td>
<td>$105.58</td>
</tr>
<tr>
<td>10/23/20</td>
<td>ANTHONY HALEY</td>
<td></td>
<td>$210.84</td>
</tr>
<tr>
<td>10/19/20</td>
<td>STEVE JACOBS</td>
<td></td>
<td>$100.00</td>
</tr>
<tr>
<td>10/19/20</td>
<td>SAMUEL BISCOE</td>
<td></td>
<td>$100.00</td>
</tr>
</tbody>
</table>

Contributor address; City; State; Zip Code

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<th>out-of-state PAC (ID#_______________________)</th>
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<td>ANTHONY HALEY</td>
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<td>$210.84</td>
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<tr>
<td>10/19/20</td>
<td>STEVE JACOBS</td>
<td></td>
<td>$100.00</td>
</tr>
<tr>
<td>10/19/20</td>
<td>SAMUEL BISCOE</td>
<td></td>
<td>$100.00</td>
</tr>
</tbody>
</table>

Contributor address; City; State; Zip Code
**FILER NAME**

MRS. OFELIA MALDANADO ZAPATA

**Date**

10/19/20

**Full name of contributor**

ISABEL MIER

**Contributor address; City; State; Zip Code**

310 EL PASO ST AUSTIN TX 78704

**Amount of contribution ($)**

$150.00

**Principal occupation / Job title (See Instructions)**

**Employer (See Instructions)**

**Full name of contributor**

MRS. OFELIA MALDANADO ZAPATA

**Contributor address; City; State; Zip Code**

310 EL PASO ST AUSTIN TX 78704

**Amount of contribution ($)**

$150.00

**Principal occupation / Job title (See Instructions)**

**Employer (See Instructions)**

**Full name of contributor**

MRS. OFELIA MALDANADO ZAPATA

**Contributor address; City; State; Zip Code**

310 EL PASO ST AUSTIN TX 78704

**Amount of contribution ($)**

$150.00

**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.
### 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.

### Filing Information

1. **Total pages Schedule F1:**
2. **Filer Name:**
3. **Filer ID (Ethics Commission Filers):**
4. **Date:**
5. **Payee name:**
6. **Amount ($):**
7. **City; State; Zip Code:**
8. **PURPOSE OF EXPENDITURE**
   - **(b) Description:**
   - **(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:**

---

### Record of Expenses

#### Expense 1
- **Date:** 10/13/20
- **Payee name:** OFFICE DEPOT
- **Amount ($):** $103.20
- **Payee address:** 2101 S. LAMAR AUSTIN TX 78704
- **Purpose: Signs**
- **Category (See Categories listed at the top of this schedule):**
- **Description:**
- **Complete ONLY if direct expenditure to benefit C/OH**

#### Expense 2
- **Date:** 10/15/20
- **Payee name:** WORLEY PRINTING CO, INC
- **Amount ($):** $330.00
- **Payee address:** 3217 NOTH IH 35 AUSTIN TX 78722
- **Purpose: Yard Signs**
- **Category (See Categories listed at the top of this schedule):**
- **Description:**
- **Complete ONLY if direct expenditure to benefit C/OH**

---

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

---

**Forms provided by Texas Ethics Commission**

[www.ethics.state.tx.us](http://www.ethics.state.tx.us)

Revised 1/1/2020
## Political Expenditures Made From Political Contributions

**Schedule F1**

### 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.*

<table>
<thead>
<tr>
<th>#</th>
<th>Date</th>
<th>Payee name</th>
<th>Amount ($)</th>
<th>Payee address; City; State; Zip Code</th>
<th>Purpose of Expenditure</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>10/20/20</td>
<td>OFFICE DEPOT</td>
<td>$47.32</td>
<td>2101 SOUTH LAMAR AUSTIN TX 78704</td>
<td>FLYERS</td>
</tr>
<tr>
<td>2</td>
<td>10/16/20</td>
<td>OFFICE DEPOT</td>
<td>$85.66</td>
<td>9600 IH 35 STE R AUSTIN TX 78748</td>
<td>SIGNS</td>
</tr>
<tr>
<td>3</td>
<td>10/23/20</td>
<td>SQUARE SPACE</td>
<td>$28.15</td>
<td>225 VARICK STREET NEW YORK NY 10014</td>
<td></td>
</tr>
</tbody>
</table>

Complete **ONLY** if direct expenditure to benefit C/OH

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

Forms provided by Texas Ethics Commission  
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Revised 1/1/2020