

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:

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

MRS.

OFELIA

NICKNAME

LAST

SUFFIX

MALDANADO ZAPATA

OFFICE USE ONLY

Date Received

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

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

2000 WOODWARD STREET, APT 306
AUSTIN, TX 78741

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512) 669*0809

Date Hand-delivered or Date Postmarked

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

MS.

KOREENA

NICKNAME

LAST

SUFFIX

MALONE

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

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

4342 ATTRA STREET AUSTIN TX 78723

(Residence or Business)

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

Month Day Year

10 / 27 / 20

THROUGH

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

GO TO PAGE 2

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.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
	COMMITTEE ADDRESS	
	COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS	

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
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 594.33
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 9,748.27
OUTSTANDING LOAN TOTALS	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

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME MRS. OFELIA MALDANADO ZAPATA	20 Filer ID (Ethics Commission Filers)
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21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ \$7,681.59
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ \$594.33
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

MRS. OFELIA MALDANADO ZAPATA

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10.09.20

Full name of contributor out-of-state PAC (ID#: _____)

ADAM PIRTLE

Amount of contribution (\$)

\$21.37

Contributor address; City; State; Zip Code

4614 Raintree Blvd AUSTIN TX 78745

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

MRS. OFELIA MALDANADO ZAPATA

3 Filer ID (Ethics Commission Filers)

4 Date

10/09/20

5 Full name of contributor

out-of-state PAC (ID#: _____)

MELANIE MULLAN

7 Amount of contribution (\$)

\$105.58

6 Contributor address;

City;

State; Zip Code

1002 Shelley Ave AUSITN, TX 78703

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/09/20

Full name of contributor

out-of-state PAC (ID#: _____)

GLORIA LUGO

Amount of contribution (\$)

\$52.95

Contributor address;

City;

State; Zip Code

4904 BRASSIEWOOD DRIVE AUSTIN TX 78744

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/13/20

Full name of contributor

out-of-state PAC (ID#: _____)

GENE TACKETT

Amount of contribution (\$)

\$500.00

Contributor address;

City;

State; Zip Code

2927 19TH ST BAKERSFIELD CA 93301

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/13/20

Full name of contributor

out-of-state PAC (ID#: _____)

REX GORE

Amount of contribution (\$)

\$5,000.00

Contributor address;

City;

State; Zip Code

1304 W. OLTORF STREET AUSTIN TX 78704

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

MRS. OFELIA MALDANADO ZAPATA

3 Filer ID (Ethics Commission Filers)

4 Date

10/13/20

5 Full name of contributor

SCOTT BLECH

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$52.95

6 Contributor address;

City;

State;

Zip Code

3703 TIMSON CT.

AUSTIN TX 78731

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/14/20

Full name of contributor

ERIC HARSLEM

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$1,052.95

Contributor address;

City;

State;

Zip Code

911 OLD STONEHEDGE ST. AUSTIN TX 78746

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/16/20

Full name of contributor

BOB BATLAN

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$70.87

Contributor address;

City;

State;

Zip Code

3408 NORMANDY RIDGE LANE AUSTIN TX 78738

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/17/20

Full name of contributor

ROBERT DOGGETT

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$105.58

Contributor address;

City;

State;

Zip Code

4308 BELLVUE AVE AUSTIN TX 78756

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

MRS. OFELIA MALDANADO ZAPATA

3 Filer ID (Ethics Commission Filers)

4 Date

10/20/20

5 Full name of contributor

DORA OLIVO

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$105.58

6 Contributor address;

City;

State;

Zip Code

2625 ALAMO STREET ROSENBERG TX 77417

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/23/20

Full name of contributor

ANTHONY HALEY

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$210.84

Contributor address;

City;

State;

Zip Code

620 TWELVE OAKS LANE AUSTIN TX 78704

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/19/20

Full name of contributor

STEVE JACOBS

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100.00

Contributor address;

City;

State;

Zip Code

2218 ALTA VISTA RD AUSTIN TX 78704

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/19/20

Full name of contributor

SAMUEL BISCOE

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100.00

Contributor address;

City;

State;

Zip Code

6411 BRIDGEWATER DR AUSTIN TX 78723

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

MRS. OFELIA MALDANADO ZAPATA

3 Filer ID (Ethics Commission Filers)

4 Date

10/19/20

5 Full name of contributor

ISABEL MIER

out-of-state PAC (ID#: _____)

6 Contributor address;

310 EL PASO ST

City;

AUSTIN TX 78704

State; Zip Code

7 Amount of contribution (\$)

\$150.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City;

State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City;

State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City;

State; Zip Code

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.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 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) <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		
Date	Candidate / Officeholder name	
10/13/20	OFFICE DEPOT	
Amount (\$)	Office sought	
\$103.20	Office held	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	SIGNS	
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Candidate / Officeholder name		
Office sought		
Office held		
Date	Payee name	
10.15.20	WORLEY PRINTING CO, INC	
Amount (\$)	Payee address;	
\$330.00	City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	YARD SIGNS	
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Candidate / Officeholder name		
Office sought		
Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 FILER NAME MRS. OFELIA MALDANADO ZAPATA	3 Filer ID (Ethics Commission Filers)
4 Date 10/20/20	5 Payee name OFFICE DEPOT	
6 Amount (\$) \$47.32	7 Payee address; City; State; Zip Code 2101 SOUTH LAMAR AUSTIN TX 78704	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FLYERS	(b) Description
	(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 10/16/20	Payee name OFFICE DEPOT	
Amount (\$) \$85.66	Payee address; City; State; Zip Code 9600 IH 35 STE R AUSTIN TX 78748	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) SIGNS	Description
	<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 10/23/20	Payee name SQUARE SPACE	
Amount (\$) \$28.15	Payee address; City; State; Zip Code 225 VARICK STREET NEW YORK NY 10014	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<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