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: 12 PAGES

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt # | Amount $

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: MRS. | FIRST: OFELIA | MI:

NICKNAME: | LAST: MALDANADO-ZAPATA | SUFFIX:

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE: 2000 WOODWARD STREET, APT 306 AUSTIN, TX 78741

5 CANDIDATE/ OFFICEHOLDER PHONE

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

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: MS. | FIRST: KOREENA | MI:

NICKNAME: | LAST: MALONE | SUFFIX:

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE: 4342 ATTRA STREET | AUSTIN | TX | 78723

8 CAMPAIGN TREASURER PHONE

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

9 REPORT TYPE

- [X] 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: 10 / 28 / 20 THROUGH 01 / 15 / 2021

11 ELECTION

ELECTION DATE — Month / Day / Year: 11 / 03 / 20

ELECTION TYPE

- [ ] Primary
- [ ] Runoff
- [ ] Other Description
- [X] General
- [ ] Special

12 OFFICE

OFFICE HELD (if any):

13 OFFICE SOUGHT (if known): AUSTIN INDEPENDANT SCHOOL DISTRICT - TRUSTEE DISTRICT 2

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.**

☐ Additional Pages

COMMITTEE TYPE

- ☐ GENERAL
- ☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME	**16** Filer ID (Ethics Commission Filers)
MALDANADO-ZAPATA, OFELIA	

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)	$
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$ 9,650.83
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 9,650.83
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 429.39
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY 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

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 _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____ , on the _____ day of _____, 20_____.
(month) (year)

_____
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME	**20** Filer ID (Ethics Commission Filers)
MALDANADO-ZAPATA, OFELIA	

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	☐	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$
2.	☐	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$
3.	☐	SCHEDULE B: PLEDGED CONTRIBUTIONS	$
4.	☐	SCHEDULE E: LOANS	$
5.	☒	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 9,650.83
6.	☒	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$ 478.64
7.	☐	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$
8.	☐	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$
9.	☐	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	$
10.	☐	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$
11.	☐	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$
12.	☐	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	$

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
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.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
SCH 1/8, RPT4/12	MALDANADO-ZAPATA, OFELIA	

4 Date: 10/30/20

5 Payee name: OFFICE DEPOT

6 Amount ($): $32.30

7 Payee address; 816 Tirado St, Austin, TX 78752 — City; State; Zip Code

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): FLYER / ADVERTISING EXPENSE

(b) Description: FLYERS FOR GOTV

(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

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Date: 10/30/20

Payee name: RANCHO GRANDE

Amount ($): $43.06

Payee address; 4604 Teri Rd, Austin, TX 78744 — City; State; Zip Code

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): FOOD EXPENSES

Description: SNACKS AND MEAL FOR VOLUNTEERS

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name; Office sought; Office held

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Date: 11/02./20

Payee name: DOLLAR TREE

Amount ($): 6.24

Payee address; 5425 N N Interstate Hwy 35, Austin, TX 78723 — City; State; Zip Code

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): SUPPLIES

Description: SUPPLIES FOR BLOCK WALKING AND POLL WORKERS

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY 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
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.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
SCH 1/8, RPT5/12	MALDANADO-ZAPATA, OFELIA	

4 Date: 11/02/20

5 Payee name: DOLLAR TREE

6 Amount ($): 51.39

7 Payee address; 5425 N N Interstate Hwy 35, Austin, TX 78723 — City; State; Zip Code

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): SUPPLIES

(b) Description: SUPPLIES FOR BLOCK WALKING AND POLL WORKERS

(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

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Date: 11/03/20

Payee name: OFFICE DEPOT

Amount ($): 198.56

Payee address; 816 Tirado St, Austin, TX 78752 — City; State; Zip Code

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): FLYER / ADVERTISING EXPENSE

Description: FLYERS FOR GOTV

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name; Office sought; Office held

---

Date: 11/03/20

Payee name: HEB

Amount ($): 13.13

Payee address; 1801 E 51st St, Austin, TX 78723 — City; State; Zip Code

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): SUPPLIES

Description: FACE MASKS AND OTHER SUPPLIES FOR POLL WORKERS

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY 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
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.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
SCH 1/8, RPT6/12	MALDANADO-ZAPATA, OFELIA	

4 Date: 11/03/20

5 Payee name: LUCILLE MILES

6 Amount ($): 220.00

7 Payee address; City; State; Zip Code: 16157 OAK GROVE RD, BUDA TX 78610

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): POLLING EXPENSE

(b) Description: GOTV / DOOR KNOCKING / POLLING

(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

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Date: 11/03/20

Payee name: ISABEL HERNANDEZ

Amount ($): 150.00

Payee address; City; State; Zip Code: 5300 JIMMY CLAY DRIVE, AUSTIN, TX 78744

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): POLLING EXPENSE

Description: GOTV / DOOR KNOCKING / POLLING

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name | Office sought | Office held

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Date: 11/03/20

Payee name: DAVINA CALDERON

Amount ($): 60.00

Payee address; City; State; Zip Code: 7330 BLUFF SPRING RD, APT 6414, AUSTIN, TX 78741

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): POLLING EXPENSE

Description: GOTV / DOOR KNOCKING / POLLING

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY 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
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.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
SCH 1/8, RPT7/12	MALDANADO-ZAPATA, OFELIA	

4 Date: 11/03/20

5 Payee name: JAVIER CALDERON

6 Amount ($): 60.00

7 Payee address; City; State; Zip Code: 2000 WOODWARD ST. #306, AUSTIN, TX 78741

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): POLLING EXPENSE

(b) Description: GOTV / DOOR KNOCKING / POLLING

(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

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Date: 11/03/20

Payee name: ALLY SIMMONS

Amount ($): 135.00

Payee address; City; State; Zip Code: 3712 CLARKSON AVE, AUSTIN, TX 78722

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): POLLING EXPENSE

Description: GOTV / DOOR KNOCKING / POLLING

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name; Office sought; Office held

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Date: 11/03/20

Payee name: REBECCA HERNANDEZ

Amount ($): 500.00

Payee address; City; State; Zip Code: 6106 HOGAN AVE, AUSTIN, TX 78741

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): POLLING EXPENSE

Description: GOTV / DOOR KNOCKING / POLLING

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY 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
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.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
SCH 1/8, RPT 8/12	MALDANADO-ZAPATA, OFELIA	

4 Date: 11/03/20

5 Payee name: PEDRO HERNANDEZ, JR.

6 Amount ($): 165.00

7 Payee address; City; State; Zip Code: 6813 SUENA DRIVE, AUSTIN, TX 78741

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): POLLING EXPENSE

(b) Description: GOTV / DOOR KNOCKING / POLLING

(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

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Date: 11/03/20

Payee name: GLORIA LUGO

Amount ($): 500.00

Payee address; City; State; Zip Code: 4904 BRASSIEWOOD DRIVE, AUSTIN, TX 78744

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): POLLING EXPENSE

Description: GOTV / DOOR KNOCKING / POLLING

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name | Office sought | Office held

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Date: 11/03/20

Payee name: LORENA ESPINOZA

Amount ($): 112.50

Payee address; City; State; Zip Code: 5703 COUGAR DRIVE #B, AUSTIN, TX 78745

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): POLLING EXPENSE

Description: GOTV / DOOR KNOCKING / POLLING

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY 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
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.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
SCH 1/8, RPT 9/12	MALDANADO-ZAPATA, OFELIA	

4 Date	5 Payee name
11/03/20	BERTA HERNANDEZ

6 Amount ($)	7 Payee address;	City;	State;	Zip Code
150.00	2307 DOVE DRIVE, AUSTIN, TX 78744			

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	POLLING EXPENSE	GOTV / DOOR KNOCKING / POLLING

(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

Date	Payee name
11/03/20	MARIA PEREZ

Amount ($)	Payee address;	City;	State;	Zip Code
180.00	5506 SPRING MEADOW DRIVE, AUSTIN, TX 78744			

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	POLLING EXPENSE	GOTV / DOOR KNOCKING / POLLING

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date	Payee name
11/03/20	CHARLES SAUCEDO

Amount ($)	Payee address;	City;	State;	Zip Code
165.00	1732 MCCLANNAHAN DR, AUSTIN, TX 78748			

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	POLLING EXPENSE	GOTV / DOOR KNOCKING / POLLING

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY 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
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.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
SCH 1/8, RPT 10/12	MALDANADO-ZAPATA, OFELIA	

Expenditure 1

4 Date	5 Payee name
11/03/20	TIM ZAPATA

6 Amount ($)	7 Payee address; City; State; Zip Code
680.00	2000 WOODWARD ST #360, AUSTIN, TX, 78741

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)	(b) Description
POLLING EXPENSE	GOTV / DOOR KNOCKING / POLLING

(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

Expenditure 2

Date	Payee name
11/03/20	GLORIA SAUCEDO

Amount ($)	Payee address; City; State; Zip Code
165.00	1732 MCCLANNAHAN DRIVE, AUSTIN, TX 78748

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)	Description
POLLING EXPENSE	GOTV / DOOR KNOCKING / POLLING

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name | Office sought | Office held

Expenditure 3

Date	Payee name
11/07/20	JORDAN RUSSELL

Amount ($)	Payee address; City; State; Zip Code
5000.00	4701 RED RIVER, APT 101, AUSTIN, TX 78751

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)	Description
CONTRACTOR	CAMPAIGN MANAGER

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY 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
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.

1 Total pages Schedule F1:	**2** FILER NAME	**3** Filer ID (Ethics Commission Filers)
SCH 1/8, RPT 11/12	MALDANADO-ZAPATA, OFELIA	

4 Date: 11/03/20

5 Payee name: JASMINE RENDON

6 Amount ($): 360.00

7 Payee address; City; State; Zip Code: 7201 S. CONGRESS #830, AUSTIN, TX 78745

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): POLLING EXPENSE

(b) Description: GOTV / DOOR KNOCKING / POLLING

(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

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Date: 11/03/20

Payee name: DONATE WAY

Amount ($): 397.14

Payee address; City; State; Zip Code: P.O. Box 301267 Austin, TX 78703

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): BANK FEES

Description: FUNDRAISING BANK FEES

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name; Office sought; Office held

---

Date

Payee name

Amount ($)

Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)

Description

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name; Office sought; Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

If the requested information is not applicable, **DO NOT include this page in the report.**

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2:	**2** FILER NAME	**3** Filer ID (Ethics Commission Filers)
SCH 1/8, RPT 12/12	MALDANADO-ZAPATA, OFELIA	

4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS — **$**

5 Date: 11/05/20

6 Payee name: GET THRU

7 Amount ($): 478.64

8 Payee address; City; State; Zip Code: PO BOX 2690 ALAMEDA, CA 94501-0690

9 TYPE OF EXPENDITURE

[X] Political [ ] Non-Political

10 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): POLLING EXPENSE

(b) Description: TEXT MSG / GOTV

(c) [ ] Check if travel outside of Texas. Complete Schedule T. [ ] Check if Austin, TX, officeholder living expense

11 Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name | Office sought | Office held

---

Date

Payee name

Amount ($)

Payee address; City; State; Zip Code

TYPE OF EXPENDITURE

[ ] Political [ ] Non-Political

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)

Description

[ ] Check if travel outside of Texas. Complete Schedule T. [ ] Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name | Office sought | Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED