## **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

#### FORM C/OH **COVER SHEET PG 1**

The C/OH Instruction G	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Fil	lers) 2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST Anthon	у мі	OFFICE USE ONLY
NAME	NICKNAME Tony LAST Zamo	ora suffix	FILED FOR RECORD AT 10, ANAM
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address	ADDRESS / PO BOX; APT / SUITE #; C 4914 Wynona Drive Corpus C	eity; state; zip code Phristi, Texas 78411	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER ( 361 ) 438-6909	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST Darle	ene	Receipt # Amount \$
NAME	NICKNAME LAST Zame		. Date Processed
	Zamo	ora	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SU 4914 Wynona Drive Corpus (		STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER ( 361) 765-1258	EXTENSION	
9 REPORT TYPE	January 15 30th day before electric July 15 8th day before electric states and the states are stated as a second state of the states are stated as a second state of the states are stated as a second state of the s		15th day after campaign treasurer appointment (Officeholder Only)  dd Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 02/12/2020	THROUGH 0	But the specific and the state of the specific state of the state of
11 ELECTION	Month Day Year Primary  03 03 2020  General	Runoff Other Descripti	constitution and a second of the second of the second of
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (If k Nueces County	rown) r Constable Precinct 2
	GO TO	PAGE 2 20	20 0061

Forms provided by Texas Ethics Commission

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## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 2

14 C/OH NAME		15	Filer ID (Ethics Commission Filers)
Anth	nony "Tony" Za	amora	
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAND	DTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITU IDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITH INSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS JRES.	HOUT THE CANDIDATE'S OR OFFICEHOLDER'S
sappay is no sta	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
g_e: : : : :	SPECIFIC	COMMITTEE ADDRESS	
26/2/3/3/2/2			
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	PLEDG	UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS, OR IBUTIONS MADE ELECTRONICALLY)	\$
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL	UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL	POLITICAL EXPENDITURES	\$
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST ORTING PERIOD	DAY \$
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD	Type text here \$
18 AFFIDAVIT			erjury, that the accompanying report is rmation required to be reported by me
My	SANDRA L. WILSON Notary ID # 1292032 bires November 14, 20	under Title 15, Election Code.	dudy lidate or Officeholder
AFFIX NOTARY STAM	1P/SEALABOVE	Signature of Cano	indate of Officeriolder
		1 410.111	24
Sworn to and subso		to certify which, witness my hand and seal of office.	, this the
Sand	Wilson	SANDRAL. WILSON	NoTARY
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  20 Filer ID (Ethics Con	mmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 450.00
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	\$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
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	\$

## MONETARY POLITICAL CONTRIBUTIONS

#### SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Darlene Zam	ora		
4 Date	5 Full name of contributor  ut-of-state PAC	(ID#:)	7 Amount of contribution (\$)
02/13/2020	Thomas Valdez		100.00
	6 Contributor address; City;	State; Zip Code	
	1345 Melbourne Dr. Corpus Christi	Texas 78415	
	pation / Job title (See Instructions)	9 Employer (See Instruct	
Sal	es Manager	Johnson Su	pply
Date	Full name of contributor	C (ID#:)	A south of contribution (C)
02/14/2020	_	, ,	Amount of contribution (\$)
	Cristina Avil	100.00	
	Contributor address; City;	State; Zip Code	
	4027 Knottyland Ln. Houston	Texas 77053	
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	tions)
Human Reso	urces	Premier Hea	4theare For Women
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
02/18/2020	Cynthia Carr-Bates		***************************************
	Contributor address; City;	State; Zip Code	150.00
	7133 Windbrook Ln. Corpus Christi		
Principal occur	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Real Estate	Jaion 7 305 title (See mandellons)	Self Employed	,
Treal Estate		Con Employed	
Date		C (ID#:)	Amount of contribution (\$)
Oladama	Cynthia Carr-Bates		100.00
3/3/19030	Contributor address; City;	State; Zip Code	.00
	4133 Windrook in CC	X 78414	
Principal occur	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	real Estate	Self Emi	ployed
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS N	NEEDED

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

## NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

Т	he Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:
2 FILER NAM	IE		3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$
5 Date	6 Full name of contributor	)	8 Amount of . 9 In-kind contribution Contribution \$ . description
	7 Contributor address; City; State;	Zip Code	Check if travel outside of Texas. Complete Schedule T.
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor	)	Amount of . In-kind contribution Contribution \$ . description
	Contributor address; City; State;	Zip Code	Check if travel subside of Tours Countries School J. T.
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	Check if travel outside of Texas. Complete Schedule T. er (FOR NON-JUDICIAL)(See Instructions)
Contributor's	s principal occupation (FOR JUDICIAL)	Contribu	itor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
***************************************	ATTACH ADDITIONAL CODIES OF T	HIS SOURCE:	I FAC MEEDED
	ATTACH ADDITIONAL COPIES OF TI If contributor is out-of-state PAC, please see Instruction	nio ochedu on quide for	LEAD NEEDED additional reporting requirements

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#### SCHEDULE B PLEDGED CONTRIBUTIONS 1 Total pages Schedule B: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 4 TOTAL OF UNITEMIZED PLEDGES \$ . 9 In-kind contribution 5 Date 6 Full name of pledgor out-of-state PAC (ID#:\_ Amount of Pledge \$ description 7 Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions) Date Amount In-kind contribution Full name of pledgor out-of-state PAC (ID#:\_\_\_ of Pledge \$ description City; State; Zip Code Pledgor address; Check if travel outside of Texas. Complete Schedule T Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Amount of In-kind contribution out-of-state PAC (ID#:\_ Full name of pledgor Pledge \$ description Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions) In-kind contribution Amount of Full name of pledgor Date out-of-state PAC (ID#:\_ Pledge \$ description State; Zip Code Pledgor address; City; Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (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.

#### **LOANS** SCHEDULE E 1 Total pages Schedule E: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED LOANS \$ Date of loan Name of lender out-of-state PAC (ID#:\_\_ Loan Amount (\$) 6 Is lender 10 Interest rate 8 Lender address; City; State; Zip Code a financial Institution? 11 Maturity date 12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions) 14 Description of Collateral 15 Check if personal funds were deposited into political account (See Instructions) none **16** GUARANTOR 17 Name of guarantor 19 Amount Guaranteed (\$) INFORMATION 18 Guarantor address; City; State; Zip Code not applicable 20 Principal Occupation (See Instructions) 21 Employer (See Instructions) Date of loan Loan Amount (\$) out-of-state PAC (ID#:\_ Interest rate Is lender Lender address; City; State; Zip Code a financial Institution? Maturity date Principal occupation / Job title (See Instructions) Employer (See Instructions) Description of Collateral Check if personal funds were deposited into political account (See Instructions) none **GUARANTOR** Name of guarantor Amount Guaranteed (\$) INFORMATION Guarantor address; City; State; Zip Code not applicable Principal Occupation (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender 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
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)

1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filer 4 Date 5 Payee name 5 Payee address; City; State; Zip Code 6 Amount (\$) 7 Payee address; City; State; Zip Code 7 Purpose Office Supplies (a) Category (See Categories listed at the top of this schedule) (b) Description 9 Complete QNLY if direct categories listed at the top of this schedule) (c) Description 9 Complete QNLY if direct categories listed at the top of this schedule) (c) Description 9 Candidate / Office held 9 Payee name 9 Complete QNLY if direct categories listed at the top of this schedule) Description 9 Category (See Categories listed at the top of this schedule) Description 9 Category (See Categories listed at the top of this schedule) Description 9 Categories Description	Credit Card Payment	The Instruction Guide explains how to o	complete this form.		
S Amount (\$)   7 Payee address;   City;   State;   Zip Code	1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics	Commission Filers)
Category (See Categories listed at the top of this schedule)   Candidate   Office held	1 Date	5 Payee name			
PURPOSE OF EXPENDITURE  (c) Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  Office sought Office held  Office sought Office held  Payee name  Payee address; City; State; Zip Code  Category (See Categories listed at the top of this schedule)  Date Payee name  Candidate / Officeholder name Office sought Office held  Purpose OF EXPENDITURE  Candidate / Officeholder name Office sought Office held  Candidate / Officeholder name Office sought Officeholder living expense  Complete ONLY if direct expenditure to benefit CiOH  Payee name  Category (See Categories listed at the top of this schedule)  Date Payee name  Category (See Categories listed at the top of this schedule)  Date Category (See Categories listed at the top of this schedule)  Date Category (See Categories listed at the top of this schedule)  Date Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Office sought Officeholder living expense  Complete ONLY if direct  Candidate / Officeholder name  Office sought Office held	Amount (\$)	7 Payee address;	City;	State;	Zip Code
Office sought Office held  Candidate / Officeholder name  Office sought Office held  Date  Payee name  Category (See Categories listed at the top of this schedule)  Camplete ONLY if direct expenditure to benefit C/OH  Category (See Categories listed at the top of this schedule)  Candidate / Officeholder name  Office sought  Office held  Candidate / Officeholder name  Office sought  Office held  Office held  Candidate / Officeholder name  Office sought  Office held  Category (See Categories listed at the top of this schedule)  Date  Payee name  Candidate / Officeholder name  Office sought  Office held  Category (See Categories listed at the top of this schedule)  Payee name  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Description  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Office held  Complete ONLY if direct  Candidate / Officeholder name  Office sought  Office held	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
Payee name   Payee address;   City;   State;   Zip Code		(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Amount (\$) Payee address; City; State; Zip Code  PURPOSE OF EXPENDITURE    Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  Complete QNLY if direct expenditure to benefit C/OH    Date			Office sought		Office held
PURPOSE OF EXPENDITURE  Candidate / Officeholder name  Candidate / Officeholder name  Category (See Categories listed at the top of this schedule)  Complete ONLY if direct expenditure to benefit C/OH  Date  Payee name  Category (See Categories listed at the top of this schedule T. Check if Austin, TX, officeholder living expense  Office sought  Office held  Category (See Categories listed at the top of this schedule)  Purpose OF EXPENDITURE  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Office held  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Office held  Category (See Categories listed at the top of this schedule)  Office held  Category (See Categories listed at the top of this schedule)  Office held  Office sought  Office held	Date	Payee name	- ,		
PURPOSE OF EXPENDITURE  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  Candidate / Officeholder name  Office sought  Office held  Payee name  Amount (\$) Payee address;  City; State; Zip Code  PURPOSE OF EXPENDITURE  Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  Complete ONLY if direct  Candidate / Officeholder name  Office sought  Office held	Amount (\$)	Payee address;	City;	State;	Zip Code
Complete ONLY if direct expenditure to benefit C/OH  Date  Payee name  Amount (\$)  Payee address;  City;  State;  Zip Code  Category (See Categories listed at the top of this schedule)  PURPOSE OF EXPENDITURE  Check if travel outside of Texas. Complete Schedule T.  Complete ONLY if direct  Candidate / Office held	OF	Category (See Categories listed at the top of this schedule)	Description		
Date Payee name  Amount (\$) Payee address; City; State; Zip Code  PURPOSE OF EXPENDITURE  Category (See Categories listed at the top of this schedule)  Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  Complete ONLY if direct Candidate / Officeholder name Office sought Office held		Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	expense
Amount (\$)  Payee address;  City;  State;  Zip Code  Category (See Categories listed at the top of this schedule)  PURPOSE OF EXPENDITURE  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Complete ONLY if direct  Candidate / Officeholder name  Office sought  Office held			Office sought		Office held
PURPOSE OF EXPENDITURE  Category (See Categories listed at the top of this schedule)  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Complete ONLY if direct  Candidate / Officeholder name  Office sought  Office held	Date	Payee name			
PURPOSE OF EXPENDITURE  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Complete ONLY if direct  Candidate / Officeholder name  Office sought  Office held	Amount (\$)	Payee address;	City;	State;	Zip Code
Complete ONLY if direct Candidate / Officeholder name Office sought Office held	OF	Category (See Categories listed at the top of this schedule)	Description		
Complete ONLY if direct Candidate / Onceholder hame		Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living	expense
			Office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NE	EDED	

## **UNPAID INCURRED OBLIGATIONS**

#### SCHEDULE F2

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

Candidate/Officeholder/Politica	al Committee Legal Services  The Instruction Guide explains	Salaries/Wages/Contract Labor how to complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F2:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITER	MIZED UNPAID INCURRED OBLIG	ATIONS	\$
5 Date	6 Payee name		
7 Amount (\$)	8 Payee address;	City;	State; Zip Code
9 TYPE OF EXPENDITURE	Political	Non-Political	
10 PURPOSE	(a) Category (See Categories listed at the top of this s	chedule) (b) Description	
OF EXPENDITURE			
	(c) Check if travel outside of Texas. Complete Sch	nedule T. Check if Aus	tin, 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 s	chedule) Description	
	Check if travel outside of Texas. Complete So	chedule T. Check if Au	istin, 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 NE	EDED

## PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F3

	Tł	ne Instruction Guide explains how to complete this form.	1	Total pages Schedule F3:	
<b>2</b> F	FILER NAME		3	Filer ID (Ethics Commission Filers)	
4 [	Date	5 Name of person from whom investment is purchased			
		6 Address of person from whom investment is purchased; Cit	y;		
		7 Description of investment			
		8 Amount of investment (\$)			15
	Date	Name of person from whom investment is purchased			
		Address of person from whom investment is purchased; City	у;	State; Zip Code	
		Description of investment			_
		Amount of investment (\$)			
			,		
		ATTACH ADDITIONAL COPIES OF THIS SCHEDULI	EΑ	S NEEDED	

## **EXPENDITURES MADE BY CREDIT CARD**

### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	al Committee Legal Services	Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
	The Instruction Guide explai	ns how to complete this form.	
1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED	TO A CREDIT CARD	\$
5 Date Type text here	6 Payee name	,	
7 Amount (\$)	8 Payee address;	City;	State; Zip Code
9 TYPE OF EXPENDITURE	Political	Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this	(b) Description	
	(c) Check if travel outside of Texas. Complete	Schedule T. Check if Au	stin, 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	s schedule) Description	
,	Check if travel outside of Texas. Complete	Schedule T. Check if Au	istin, 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 O	F THIS SCHEDULE AS NE	EDED

### **POLITICAL EXPENDITURES** MADE FROM PERSONAL FUNDS

#### SCHEDULE G

#### **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	complete this form.	
Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Darlene Zamora		
Date	5 Payee name		
2/15/2020	Darlene Zamora		
Amount (\$) 44.33  Reimbursement from political contributions intended	<ul><li>7 Payee address;</li><li>4914 Wynona Drive Corpus Christi,</li></ul>	Texas 78411	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event Expense	(b) Description  Parade Float D	
	(c) Check if travel outside of Texas. Complete Schedule T.		, TX, officeholder living expense
omplete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate / Officeholder name Anthony "Tony" Zamora Nueces	Office sought S County Consta	Office held able PCT. 2
Date	Payee name	-	
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			
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	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			
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	n, 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 S	SCHEDULE AS NEED	DED Postered 4/4/

## PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

#### SCHEDULE H

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense

Consulting Expense Contributions/Donations Made Candidate/Officeholder/Polit Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services		Expense Wages/Contract Labor	Travel In I	District ut Of District	y not listed above)
-	-	The Instruction Guide explain	ins how to	complete this form.			
1 Total pages Schedule H:	2 FILER N	AME			3 Filer II	D (Ethics	Commission Filers)
4 Date	5 Business	name			Annual		
6 Amount (\$)	7 Business	s address;		City;		State;	Zip Code
8 PURPOSE OF EXPENDITURE		(See Categories listed at the top of this so		(b) Description			
	(c) (	Check if travel outside of Texas. Complete Sci	chedule T.	Check if Austin,	TX, officehol	lder living exp	pense
9 Complete ONLY if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		C	Office held
Date	Business	name					
Amount (\$)	Business	address;		City;		State;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this so	chedule)	Description			
	c	Check if travel outside of Texas. Complete Sch	hedule T.	Check if Austin,	TX, officehold	der living exp	ense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name	(	Office sought		0	Office held
Date	Business	name					
Amount (\$)	Business	address;		City;		State;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this so	chedule)	Description			
	c	Check if travel outside of Texas. Complete Sch	hedule T.	Check if Austin,	TX, officehold	der living exp	ense
Complete ONLY if direct expenditure to benefit C/O		ate / Officeholder name	(	Office sought		0	Office held
	ATTA	ACH ADDITIONAL COPIES O	OF THIS S	CHEDULE AS NEED	ED		

## NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE |

	The Instruction Guide explains how to com	piete this form.		
Total pages Schedule I:	2 FILER NAME		3 Filer ID (E	thics Commission Filers)
<b>1</b> Date	5 Payee name		4	
6 Amount (\$)	7 Payee address;	City	S	State Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (Se required.)	e instructions regardin	g type of information
Date	Payee name			
Amount (\$)	Payee address;	City	\$	State Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (Se required.)	ee instructions regardin	ig type of information
Date	Payee name			
Amount (\$)	Payee address;	City		State Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (Se required.)	ee instructions regardir	ng type of information
Date	Payee name			
Amount (\$)	Payee address;	City		State Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (S required.)	ee instructions regardii	ng type of information

Revised 1/1/2020

## INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

#### SCHEDULE K

The Instruction Guide explains how to complete this form.	1 Total pages Schedule K:						
2 FILER NAME	3 Filer ID (Ethics Commission Filers)						
4 Date 5 Name of person from whom amount is received	8 Amount (\$)						
6 Address of person from whom amount is received; City;	State; Zip Code						
7 Purpose for which amount is received Chec	k if political contribution returned to filer						
Date Name of person from whom amount is received	Amount (\$)						
Address of person from whom amount is received; City;	State; Zip Code						
Purpose for which amount is received Chec	k if political contribution returned to filer						
Date Name of person from whom amount is received	Amount (\$)						
Address of person from whom amount is received; City;	State; Zip Code						
Purpose for which amount is received Chec	k if political contribution returned to filer						
Date Name of person from whom amount is received	Amount (\$)						
Address of person from whom amount is received; City;	State; Zip Code						
Purpose for which amount is received Check	k if political contribution returned to filer						
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

## IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

## SCHEDULE T

The Instruction Guide explains how to complete this form.				1 Total pages Schedule T:					
2 FILER NAME					3 Filer ID (Ethics Commission Filers)				
4 Name of Contributor /	Contributor / Corporation or Labor Organization / Pledgor / Payee								
5 Contribution / Expendit	5 Contribution / Expenditure reported on:								
Schedule A2		dule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1				
Schedule F2	Sche	dule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS				
6 Dates of travel	7 Name of person(s) traveling								
-	8 Departure city or name of departure location								
	9 Destination city or name of destination location								
10 Means of transportation									
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee									
Contribution / Expend	iture reported	on:							
Schedule A2		dule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1				
Schedule F2	Schleddie A2								
Schedule F2		dule F4			Schedule COH-UC Schedule B-SS				
Dates of travel	Dates of travel Name of person(s) traveling								
	Departure city or name of departure location								
	Destination city or name of destination location								
Means of transportati	Purpose of travel (including name of conference, seminar, or other event)								
Name of Contributor /	Name of Contributor / Corporation or Labor Organization / Pledgor / Payee								
Contribution / Expend	liture reported	l on:							
Schedule A2	Schedu		Schedule B(J)	Schedule C2	Schedule D Schedule F1				
Schedule F2	Schedu		Schedule G	Schedule H	Schedule COH-UC Schedule B-SS				
Dates of travel	Name of person(s) traveling								
	Departure city or name of departure location								
	Destination city or name of destination location								
Means of transportation		Purpose of travel (including name of conference, seminar, or other event)							
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED									
					- 1 1441004				

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

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	The Instruction Guide explains how to complete this form. •• Complete only if "Report Type" on page 1 is marked "Final Report" ••								
1	C/OH N	H NAME 2 Filer ID (Ethics	Commission Filers)						
3	SIGNA	NATURE							
	I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.								
		Signature of Candidate	Officeholder						
4		ER WHO IS NOT AN OFFICEHOLDER  Complete A & B below only if you are not an officeholder. ••							
	A.	CAMPAIGN FUNDS							
	Chec	eck only one:							
		I do not have unexpended contributions or unexpended interest or income earned from political contrib	outions.						
		I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.							
	B.	ASSETS							
	Check	eck only one:							
		I do not retain assets purchased with political contributions or interest or other income from political contributions.							
		I do retain assets purchased with political contributions or interest or other income from political contributions that I may not convert assets purchased with political contributions or interest or other income from political use. I also understand that I must dispose of assets purchased with political contributions in requirements of Election Code, § 254.204.	itical contributions to						
		Signature of Cano	lidate						
5	OFFICEHOLDER  •• Complete this section only if you are an officeholder ••								
		I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a car file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last reofficeholder, I retain political contributions, interest or other income from political contributions, or assets put cal contributions or interest or other income from political contributions.	equired report as an						
		Signature of Office	nolder						