

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 Anthony MI NICKNAME Tony LAST Zamora SUFFIX	OFFICE USE ONLY Date Received FILED FOR RECORD AT 10:00 AM FEB 24 2020 KARA SANDS CLERK, COUNTY COURT, NUECES COUNTY, TEXAS BY _____ DEPUTY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 4914 Wynona Drive Corpus Christi, Texas 78411	Date Hand-delivered or Date Postmarked	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (361) 438-6909	Receipt # Amount \$ Date Processed Date Imaged	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST Darlene MI NICKNAME LAST Zamora SUFFIX	Date Hand-delivered or Date Postmarked	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: STATE: ZIP CODE 4914 Wynona Drive Corpus Christi, Texas 78411		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (361) 765-1258		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year 11 / 04 / 2019 THROUGH 01 / 15 / 2020		
11 ELECTION	ELECTION DATE Month Day Year 03 / 03 / 2020	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Nueces County Constable Precinct 2	

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME: Anthony "Tony" Zamora **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.

COMMITTEE TYPE: GENERAL SPECIFIC

COMMITTEE NAME: _____

COMMITTEE ADDRESS: _____

COMMITTEE CAMPAIGN TREASURER NAME: _____

COMMITTEE CAMPAIGN TREASURER ADDRESS: _____

Additional Pages

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)	\$ 2,720.00 <i>02</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
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.

SANDRA L. WILSON
My Notary ID # 129203226
Expires November 14, 2020

Anthony Zamora

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said ANTHONY ZAMORA, this the 24 day of FEBRUARY, 2020, to certify which, witness my hand and seal of office.

Sandra L. Wilson

Signature of officer administering oath

SANDRA L. WILSON

Printed name of officer administering oath

NOTARY

Title of officer administering oath

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)

4 Date
11/04/2019

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

7 Amount of contribution (\$)

Darlene Zamora

6 Contributor address; City; State; Zip Code

4914 Wynona Drive Corpus Christi, Texas 78411

\$100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Banking Operations Administration

International Bank Of Commerce

Date
11/13/2019

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

Amount of contribution (\$)

✓ Bianca A. Medina-Rodriguez

Contributor address; City; State; Zip Code

807 Craig Street Corpus Christi, Texas 78404

\$200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Attorney

Law Office Of Bianca A. Medina-Rodriguez

Date
11/18/2019

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

Amount of contribution (\$)

Miguel Rodriguez

Contributor address; City; State; Zip Code

Corpus Christi, Texas

\$500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Retired Law Enforcement

Date
11/18/2019

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

Amount of contribution (\$)

Hiram C. Floyd III

Contributor address; City; State; Zip Code

Wynona Drive Corpus Christi, Texas 78411

\$1,500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Business Owner

Self Employed

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

Darlene Zamora

3 Filer ID (Ethics Commission Filers)

4 Date
11/30/2019

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

D & C Fence

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code

Corpus Christi, Texas

\$40.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
12/04/2019

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

✓ Gerald LeGrange

Amount of contribution (\$)

Contributor address; City; State; Zip Code

\$300.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
12/05/2019

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

Ana M. Flores

Amount of contribution (\$)

Contributor address; City; State; Zip Code

PO BOX 10307 Corpus Christi, Texas 78460-0307

\$80.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Meeting Planner

Self Employed

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.