

CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT

The C/OH Instruction Guide explains...

3 CANDIDATE / OFFICEHOLDER NAME
NICKNAME: Kristina
LAST: Zatonok
SUFFIX: S
Date Received: [blank]

4 CAMPAIGN OFFICEHOLDER MAILING ADDRESS
12217 Woodlark St
Houston, TX 77031
 Change of Address

5 CAMPAIGN OFFICEHOLDER PHONE NUMBER
PHONE: 713-205-0140
EXTENSION: [blank]
Date First Received: [blank]

6 CAMPAIGN TREASURER NAME
NICKNAME: Beth
LAST: [blank]
SUFFIX: [blank]
Date Processed: [blank]
Date In: [blank]

7 CAMPAIGN TREASURER ADDRESS
3311 Karentia
Houston, TX 77031
(Residence or 70 Campaign)

8 CAMPAIGN PHONE
AREA CODE: 713
PHONE NUMBER: 205-0140
EXTENSION: [blank]

9 REPORT TYPE
January 15
[] 15th day after close
[] Exceeded [] Qualified
[] Report (Attach C...

10 PERIOD COVERED
01 / 01 / 2000

11 ELECTION
ELECTION ID: [blank]
ELECTION TYPE: [blank]
Month: [blank] Day: [blank] Year: [blank]
Description: [] General [] Special

12 OFFICE OFFICE HELD (if any)
13 OFFICE SOUGHT (if any)

CAMPAIGN FINANCE REPORT

FORM NO. 1
REVISED 11/17/2020

14 C/OH NAME

Handwritten name

15 File ID (C/OH Committee Filers)

16 NOTICE FROM POLITICAL COMMITTEE

THIS BOX IS FOR COMMITTEES THAT HAVE EXPENDITURES TO SUPPORT THE CANDIDATE OF OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION TO THE PUBLIC IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE
 GENERAL
 SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

Additional Pages

17 CONTRIBUTION TOTALS

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, JOINTS, OR CONTRIBUTIONS OF LEADERS OR CONTRIBUTIONS OF DIRECTOR(S))

2. TOTAL POLITICAL CONTRIBUTIONS OTHER THAN

EXPENDITURE TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

4. TOTAL POLITICAL EXPENDITURES

CONTRIBUTION BALANCE OF REPORTING PERIOD

OUTSTANDING LOAN TOTALS

Handwritten numbers:
1000
\$ 0
2100
1000
\$ 1000

18 AFFIRMATION

I swear, or affirm, under penalty of perjury that the information provided on this report is true and correct and that I have provided all information required to be reported by me.



Handwritten signature
Signature of Candidate or Officeholder

AFFIX NOTARIAL SEAL ABOVE

Sworn to and subscribed before me, by the said *Handwritten name* on *Handwritten date* at *Handwritten location*, in my presence, and I have signed my hand and seal of office.

Handwritten signature
Signature of officer administering oaths

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

R. L. ...

20 FILER ID (ETHICS COMMISSION FID#)

21 SCHEDULE SUBTOTAL
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1000
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	0
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	0
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	0
5.	<input type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	0
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF TIME	0
8.	<input type="checkbox"/>	SCHEDULE G: EXPENDITURES MADE FROM PERSONAL FUNDS	0
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	0
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF COMMON INTEREST	0
11.	<input type="checkbox"/>	SCHEDULE I: CONTRIBUTIONS TO POLITICAL CAMPAIGNS	0
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

The Instruction Guide explains how to complete this form.

2 FILER NAME

Kristina Zetopet

3 Filer ID (Ethics Commission Filer)

4 Date

10/25/2015

5 Full name of contributor

North East Houston, TX

out-of-state PAC (ID#)

Contributor address; City; State; Zip Code
5310 E. ... Houston, TX 77015

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#)

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#)

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 EXPENDITURE SCHEDULE C/OH MADE FROM PERSONAL FUNDS

EXPENDITURE CATEGORIES FOR FORM C/OH

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment

Conferences
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Travel Reimbursement
Travel/Transportation Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this schedule.

1 Total pages Schedule G: **215**

2 FILE NAME: **V. Spivey**

4 Date: **10/11/2020**

5 Payee name: **Academy of the Holy Spirit**

6 Amount (\$): **12.97**
 Reimbursement from political contributor intended

7 Payee address: **13400 East Hwy Mission TX 75145**

8 PURPOSE OF EXPENDITURE: **Travel Expense**

(a) Category (See Categories listed at the top of this schedule): **Travel Expense**
(c) Check if travel outside of Texas. Complete Schedule C/OH
 Check if Austin TX officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name: **Waltman**

Date: **10/11/2020**

Payee name: **Walmart**

Amount (\$): **21.64**
 Reimbursement from political contributor intended

Payee address: **5655 E. Lem. Houston TX 77056**

PURPOSE OF EXPENDITURE: **Polling Expense**

Category (See Categories listed at the top of this schedule): **Polling Expense**
 Check if travel outside of Texas. Complete Schedule C/OH

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name: **Waltman** Office sought: **State Representative** Office held: **State Representative**

Date: **10/11/2020**

Payee name: **Walmart**

Amount (\$): **9.90**
 Reimbursement from political contributor intended

Payee address: **13400 East Hwy Mission TX 75145**

PURPOSE OF EXPENDITURE: **Advertising**

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

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name: **Waltman** Office sought: **State Representative** Office held: **State Representative**

ATTACH ORIGINAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURE MADE FROM PERSONAL FUNDS

SCHEDULE B

EXPENDITURE CATEGORIES FOR BOX 8(a)

- Advertising Expense
- Accounting/Banking
- Contributions/Donations Made By Candidate/Officeholder/Political Committee
- Event Expense
- Gift/Awards/Memorials Expense
- Legal Services
- Loan Repayment/Reimbursement
- Printing Expense
- Solicitation/Fundraising Expense
- Travel Out Of District

4 Date: 10/11/2020

5 Payee name: Sprint

6 Amount (\$): 300.75

7 Payee address: 10101 Katy Rd, Houston, TX 77025

8 PURPOSE OF EXPENDITURE: Advertising

(a) Category: Advertising

(b) Description: Campaign

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

9 Candidate / Officeholder: Candidate Officeholder

Complete ONLY if direct expenditure to benefit C/OH

Date: 10/12/2020

Payee name: 1000 Federal KA

Amount (\$): 0.90

Reimbursement from political contributions intended:

PURPOSE OF EXPENDITURE: Printing

(a) Category: Printing

(b) Description: Caprice

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

9 Candidate / Officeholder: Candidate Officeholder

Complete ONLY if direct expenditure to benefit C/OH

Date: 10/12/2020

Payee name: Sprint

Amount (\$): 26.43

Reimbursement from political contributions intended:

PURPOSE OF EXPENDITURE: Printing

(a) Category: Printing

(b) Description: Sprint

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

9 Candidate / Officeholder: Candidate Officeholder

Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL INFLUENCE MADE FILING

EXPENDITURE CATEGORY

- Advertising Expense
- Accounting/Banking
- Consulting Expense
- Contribution of Candidate/Officeholder/Political Committee
- Credit Card Payment
- Event Expense
- Food/Beverage Expense
- Gift/Award/Memorabilia Expense
- Legal Services
- Printing Expense
- Salaries/Wages/Contract Labor
- Other (enter a category not listed above)

The Instruction(s) on the back of this form.

1 Total pages Schedule G: 4/5 2 FILER NAME: Kristina Zolotor 3 Filer ID (Ethics Commission File #):

4 Date: 10/14/2020 5 Description: Minib Man Dress

6 Amount (\$): 48.23 7 Reimbursement from political committee: 44.44 intended:

8 PURPOSE OF EXPENDITURE: (a) Category: Printing (c) Check if travel outside of Texas. Complete Schedule I. Check if Austin, TX, officeholder living expense.

9 Complete ONLY if direct expenditure to be: Candidate / Officeholder name: _____ Office sought: _____ Office held: _____

Date: 10/14/2020 Payee name: Minib Man Dress
 Amount (\$): 46.78 Payee address: 1444 Fairview City: Pasadena State: TX Zip Code: 75071
 Reimbursement from political committee: intended:

10 PURPOSE OF EXPENDITURE: Category: Printing Description: Minib Man Dress
 Check if travel outside of Texas. Complete Schedule I. Check if Austin, TX, officeholder living expense.

11 Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: _____ Office sought: _____

Date: 10/14/2020 Payee name: Just a Little T-shirt
 Amount (\$): 72.50 Payee address: 1240 Clark City: _____ State: _____ Zip Code: _____
 Reimbursement from political committee: intended:

12 PURPOSE OF EXPENDITURE: Category: Contract Labor Description: Party worker
 Check if travel outside of Texas. Complete Schedule I. Check if Austin, TX, officeholder living expense.

13 Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: _____ Office sought: _____

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE C

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|---------------------------------|-------------------------------|---|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Bar/Office Expense | Food/Beverage Expense | Printing Expense | Travel Out Of District |
| Contributions/Donations Made By Candidate/Officeholder/Payee | Gift/Awards/Memorabilia Expense | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | Legal Services | | |

The Instruction Guide explains how to complete this form.

1 Total **\$15** Kristina / Lopez

4 Date **10/15/2020** Payee name **Anna ...**

6 Amount (\$) **36.59** 7 Payee address: **12151 Wood ...** City: **...** State: **...** Zip Code: **...**
 Reimbursement from political contributions intended

8 PURPOSE OF EXPENDITURE
 (a) Category (See Categories listed at the top of this schedule) **Advertising**
 (b) Description **...**
 (c) Check if travel outside of Texas. Complete Schedule I.

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

Date **10/16/2020** Payee name **Hector ...**

Amount (\$) **10250** Payee address: **750 ...** City: **...** State: **...** Zip Code: **...**
 Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE
 Category (See Categories listed at the top of this schedule) **Contract Labor**
 Description **Day Worker**
 Check if travel outside of Texas. Complete Schedule I. Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Date **...**

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 I. 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 C IF AS NEEDED