

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) N/A	2 Total pages filed: 6
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / <u>MR</u> FIRST MI ALBERT C.	OFFICE USE ONLY Date Received RECEIVED APR 04 2018 City Secretary's Office	
	NICKNAME LAST SUFFIX ZAPANTA		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2516 CLEARSPRING DR. NO IRVING, TX. 75063		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (972) 533-3440	Date Hand-delivered or Date Postmarked HD 4-4-18 @ 9:00 AM CC	
6 CAMPAIGN TREASURER NAME	MS / MRS / <u>MR</u> FIRST MI SUSHIL	Receipt #	Amount \$
	NICKNAME LAST SUFFIX PATEL	Date Processed Approved by SA 4/4/16	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 7405 RUSTEN LANE IRVING, TX. 75063		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (972) 252-6000		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year 3/06/2018 THROUGH 3/26/2018		
11 ELECTION	ELECTION DATE Month Day Year 5/5/2018	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) IRVING CITY COUNCIL DISTRICT 6	

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME ALBERT C. ZAPANTA 15 Filer ID (Ethics Commission Filers) N/A

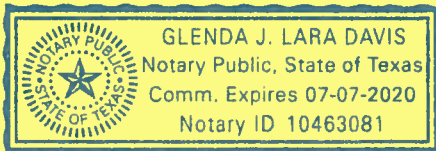
16 NOTICE FROM POLITICAL COMMITTEE(S)

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 checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
		<u>AL ZAPANTA FOR CITY COUNCIL</u>
	COMMITTEE ADDRESS	<u>2516 CLEARSPRING DRIVE NORTH IRVING, TX. 75063</u>
	COMMITTEE CAMPAIGN TREASURER NAME	<u>SUSHIL PATEL</u>
	COMMITTEE CAMPAIGN TREASURER ADDRESS	<u>7405 RUSTON LANE IRVING, TX. 75063</u>

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>4,000.00</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>2,000.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>2,000.00</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>4,000.00</u>

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]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Albert C. Zapanta, this the 3rd day of April, 20 18, to certify which, witness my hand and seal of office.

Glenda Lara Davis Glenda Lara Davis Notary Public
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

ALBERT C. ZAPANTA

20 Filer ID (Ethics Commission Filers)

N/A

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,000.
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 4,000.
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
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

2 FILER NAME ALBERT C. ZAPANTA

3 Filer ID (Ethics Commission Filers)

N/A

4 Date

3/06/2018

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

MYRNA MEYER

7 Amount of contribution (\$)

\$ 600.00

6 Contributor address; City; State; Zip Code

2225 HUNTERS RIDGE DR.
IRVING, TX, 75063

8 Principal occupation / Job title (See Instructions)

RETIRED

9 Employer (See Instructions)

N/A

Date

3/06/2018

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

JAMES DEATHERAGE

Amount of contribution (\$)

\$ 200.00

Contributor address; City; State; Zip Code

1204 N. IRVING HILLS
IRVING, TX, 75061

Principal occupation / Job title (See Instructions)

LAWYER

Employer (See Instructions)

SELF-EMPLOYED

Date

3/06/2018

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

WILLIAM B. BREWSTER, III

Amount of contribution (\$)

\$ 50.00

Contributor address; City; State; Zip Code

100 DECKER COURT, SUITE 110
IRVING, TX, 75062

Principal occupation / Job title (See Instructions)

C.P.A.

Employer (See Instructions)

SELF-EMPLOYED

Date

3/06/2018

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

CRISTINA W. GEARS

Amount of contribution (\$)

\$ 250.00

Contributor address; City; State; Zip Code

3716 SANTIAGO COURT
IRVING, TX, 75062

Principal occupation / Job title (See Instructions)

FINANCIAL ADVISOR

Employer (See Instructions)

WEALTH MANAGEMENT

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

2 FILER NAME

ALBERT C. ZAPANTA

3 Filer ID (Ethics Commission Filers)

N/A

4 Date

3/06/2018

5 Full name of contributor

RICHARD E. HUFF

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

7 Amount of contribution (\$)

\$ 100.00

6 Contributor address;

City; State; Zip Code

525 RANCH TRAIL, APT. 146
IRVING, TX, 75063

8 Principal occupation / Job title (See Instructions)

RETIRED

9 Employer (See Instructions)

N/A

Date

3/06/2018

Full name of contributor

JACK SPURLOCK

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

Amount of contribution (\$)

\$ 500.00

Contributor address;

City; State; Zip Code

1322 N. IRVING HEIGHTS
IRVING, TX, 75061

Principal occupation / Job title (See Instructions)

REAL ESTATE BROKER

Employer (See Instructions)

SELF-EMPLOYED

Date

3/06/2018

Full name of contributor

CELVIN D. GIBSON

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

Amount of contribution (\$)

\$ 100.00

Contributor address;

City; State; Zip Code

2110 TEXAS ASH DRIVE
IRVING, TX, 75063

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

N/A

Date

3/06/2018

Full name of contributor

JAMIN J. EMERY

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

Amount of contribution (\$)

\$ 200.00

Contributor address;

City; State; Zip Code

1520 CLEARSPRING DR. NO.
IRVING, TX, 75063

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

N/A

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E: **1**

2 FILER NAME

ALBERT C. ZAPANTA

3 Filer ID (Ethics Commission Filers)

N/A

4 TOTAL OF UNITEMIZED LOANS

\$ **~~4,000.00~~**

5 Date of loan

3/06/2018

7 Name of lender

ROCKWELL M. ZAPANTA

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

9 Loan Amount (\$)

\$4,000.00

6 Is lender a financial institution?

Y N

8 Lender address;

City; State; Zip Code

**2516 CLEARSPRING DR NO
DROWING, TX. 75063**

10 Interest rate

0

11 Maturity date

TBD

12 Principal occupation / Job title (See Instructions)

RETIRED NURSE

13 Employer (See Instructions)

N/A

14 Description of Collateral

none

15 Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address;

City; State; Zip Code

not applicable

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender

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

Loan Amount (\$)

Is lender a financial institution?

Y N

Lender address;

City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

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.