

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: 7
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="radio"/> FIRST LAST MI SUFFIX ALBERT C. ZAPANTA	OFFICE USE ONLY	
	Date Received		<div style="border: 2px solid blue; padding: 5px; display: inline-block;"> RECEIVED JUL 16 2018 City Secretary's Office </div>
Date Hand-delivered or Date Postmarked HD 7/16/18 1:45pm			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2516 CLEARSPRING DRIVE NO. IRVING, TX. 75063		Receipt #
<input type="checkbox"/> Change of Address			Amount \$
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (972) 533-3440	Date Processed Rec'd by JF 7/12/18	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="radio"/> FIRST LAST MI SUFFIX SUSHIL PATEL	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 7405 RUSTON 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 type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input checked="" 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 THROUGH Month Day Year 6 / 9 / 2018 THROUGH 6 / 30 / 2018		
11 ELECTION	ELECTION DATE Month Day Year 6 / 16 / 2018	ELECTION TYPE <input type="checkbox"/> Primary <input checked="" 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) IRVING City Council DISTRICT 6	

GO TO PAGE 2

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.

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

Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 300.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 6,000.00

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

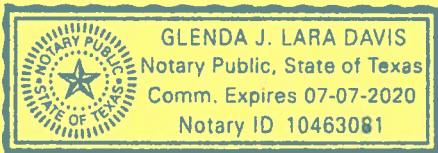
\$ 1,862.00

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 7,000.00

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 16th day of July, 2018, to certify which, witness my hand and seal of office.

Glenda Lara Davis
Signature of officer administering oath

Glenda Lara Davis
Printed name of officer administering oath

Notary Public
Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME ALBERT C. ZABANTA		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	\$ 300.00
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	\$ 7,900.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 6,000.00
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 7,500.00
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: 1

2 FILER NAME ALBERT C. ZAPANTA

3 Filer ID (Ethics Commission Filers) N/A

4 Date 6/4/2018

5 Full name of contributor out-of-state PAC (ID#: _____)
WILLIAM A. VERA

7 Amount of contribution (\$) \$ 200.00

6 Contributor address; City; State; Zip Code
939 OLD HILL ROAD
SAN MARINO, CA. 91108

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

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

Amount of contribution (\$)

6/13/2018

Contributor address; City; State; Zip Code
4004 COUNTRY CLUB ROAD No
IRVING, TX. 75038

\$ 100.00

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)

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.

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

\$

5 Date of loan

6/30/2018

7 Name of lender

ALBERT C. ZAPANTA

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

9 Loan Amount (\$)

\$ 7,000.00

6 Is lender a financial Institution?

Y N

8 Lender address; City; State; Zip Code

**2516 CLEARBRIKE DR NW
IRVING, TX. 75063**

10 Interest rate

N/A

11 Maturity date

N/A

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

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.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME ALBERT C. ZADANIA	3 Filer ID (Ethics Commission Filers) N/A
4 Date 6/18/2018	5 Payee name GREG SNOW	
6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code 1854 SANDPIPER DRIVE WEATHERFORD, TX. 76088	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CAMPAIGN CONSULTANT	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense N/A

9 Complete <u>ONLY</u> 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, 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 OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2:	2 FILER NAME <i>ALBERT C. ZAPANTA</i>	3 Filer ID (Ethics Commission Filers) <i>N/A</i>
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$ <i># 7,500.00</i>
5 Date <i>6/20/2018</i>	6 Payee name <i>PACKER INDUSTRIES</i>	
7 Amount (\$) <i>\$ 7,500.00</i>	8 Payee address; City; State; Zip Code <i>2344 FARRINGTON DALLAS, TX. 75207</i>	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>CAMPAIGN BROCHURES AND MAILINGS</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>N/A</i>
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>ALBERT C. ZAPANTA, IRVING CITY</i>	Office sought <i>COUNCIL DIST. 6</i>
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED