# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 4		
3 CANDIDATE/ OFFICEHOLDER	MS / MRS / MR	FIRST Daniel	MI	OFFICE USE ONLY		
NAME	NICKNAME Officer Z	LAST <b>Zarzoza</b>	SUFFIX	Date Receive TIONS ADMINISTRA		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	P.O. Box 208	B, Diboll, Texas,	75941	E SON		
Change of Address	AREA CODE	PHONE NUMBER	EXTENSION	THE STATE OF THE S		
5 CANDIDATE/ OFFICEHOLDER PHONE	(936)	674-5973	EATENSION	Date Hand try yourd or Date Hosunarked  COUNT  Receipt #   Amount \$		
6 CAMPAIGN	MS / MRS / MR	FIRST	MI	Amount ¢		
TREASURER NAME		Sonona		Date Processed		
	NICKNAME	LAST	SUFFIX	JAN 2 6 2024 / V/K		
		Williams		•		
7 CAMPAIGN	Company Control on Principle	NO PO BOX PLEASE); APT		STATE; ZIP CODE		
TREASURER ADDRESS	504 Carter D	rive, Diboll, Texa	as 75941			
(Residence or Business)						
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION			
TREASURER PHONE	(026)	366-7613				
THONE	(936)	300-7013				
9 REPORT TYPE	January 15	30th day befor	re election Runoff	15th day after campaign treasurer appointment (Officeholder Only)		
	July 15	8th day before	election Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)		
10 PERIOD	Month	Day Year	Month	Day Year		
COVERED	7	/ 1 / 23	тнгоисн 12	/ 31 / 23		
11 ELECTION	ELECTION DA	possesse	ELECTION TYPE			
	Month Day	Year Prima	ry Runoff Other Description			
	3 / 5 /	24 Gene	ral Special			
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (If known	y Pct.4 Constable		
		S OF BOUTERAL CONTRIBUTIO		MADE BY POLITICAL COMMITTEES TO SUPPORT		
POLITICAL	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITU	IRES MAY HAVE BEEN MADE WITHOUT THE CAN	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS	1000000000			
, 100.001001 1 0900	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN	TREASURER ADDRESS			
	<u> </u>					
		GO T	O PAGE 2			

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

15 C/OH NAME Daniel Zarzoza		16 Filer ID (Eth	ics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHE PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ \$	0.00
	TOTAL POLITICAL CONTRIBUTIONS     (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF)	LOANS) \$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	1,679.09
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF OF REPORTING PERIOD	THE LAST DAY \$	0.00
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOAN LAST DAY OF THE REPORTING PERIOD	NS AS OF THE \$	0.00
TOUR CONTRACTOR SECTION SECTIO	swear, or affirm, under penalty of perjury, that the accompanying repo quired to be reported by me under Title 15, Election Code.	ort is true and correct an	d includes all information
	Signatui	re of Candidate or Offic	eholder
	Please complete either option	below:	
(1) Affidavit			
NOTARY STAMP/SEA	L		
Sworn to and subscribed	before me by	this the day	of,
20, to certify	which, witness my hand and seal of office.		
Signature of officer administe	ering oath Printed name of officer administering oath	Title of	officer administering oath
	OR		
(2) Unsworn Declarati	on		
My name is Daniel Za	arzoza, and my date o	f birth is 09/12/1976	<u>.</u>
My address is 602 N 1	st Street, Diboll	, <u>TX</u> , <u>75941</u>	, <u>USA</u>
Executed in Angelina	(city) County, State of Texas, on the 25 day of	(state) (zip coo	
		(month)	Call
	Signature	of Candidate/Officeholder	(Declarant)

## SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

	el Zarzoza 20	Filer ID (Ethics Commiss	sion Filers)	
21 SCH NAM		SUBTOTAL AMOUNT		
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	0.00	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS			
4.	SCHEDULE E: LOANS	\$	0.00	
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	\$	1,679.09	
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 TO FILER	S RETURNED \$	0.00	

## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

#### **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/Award/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries Manage/Contract Labor

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

Solicitation/Fundraising Expense

Credit Card Payment	The Instruction Guide explains how to	Wages/Contract Labor complete this form.	Other (enter a categor	ry not listed above)			
1 Total pages Schedule G:	<sup>2</sup> FILER NAME Daniel Zarzoza	3 Filer ID (Ethics Commission Filers)					
4 Date	5 Payee name						
11/20/2023	www.buildasign.com						
6 Amount (\$) 1,679.09 Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 11525A Stonehollow Dr, Suite 100, Austin, Texas 78758						
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description policital signs		. DO SANTONIO DE CO.			
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
9 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			
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, TX, officeholder living expense						
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought		Office held			
Date	Payee name			2000 8486-0-2			
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, 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	CHEDULE AS NEED!	ED				