

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: **8**

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY	
	NICKNAME	LAST	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE			Received by email 10/26/2020	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION			Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Receipt #	Amount \$
	NICKNAME	LAST	SUFFIX	Date Processed	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY, STATE, ZIP CODE				
	8 CAMPAIGN TREASURER PHONE				
9 REPORT TYPE	AREA CODE PHONE NUMBER EXTENSION				
	<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 type="checkbox"/> July 15 <input checked="" 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		THROUGH	Month Day Year	
11 ELECTION	ELECTION DATE			ELECTION TYPE	
	Month Day Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description	
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)	

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Kristina Zatopek 15 Filer ID (Ethics Commission Filers)

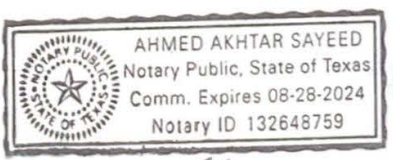
16 NOTICE FROM POLITICAL COMMITTEE(S)
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
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)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 871.97
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1200.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 AFFIDAVIT



AS

AFFIX NOTARY STAMP / SEAL ABOVE

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

Sworn to and subscribed before me, by the said Kristina Zatopek, this the 26 day of October, 20 20, to certify which, witness my hand and seal of office.

AS Signature of officer administering oath
 Ahmed Sayeed Printed name of officer administering oath
 Notary Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>Kristina Zatopek</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 0
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 29400
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 20000
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 16,46
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 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 C/OH	\$ 0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 13
2 FILER NAME Kristina Zatopek		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0
5 Date 10/21/2020	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alison Rhodes	8 Amount of Contribution \$ 4800
7 Contributor address; City; State; Zip Code Houston TX		9 In-kind contribution description Poll worker
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Retail manager		11 Employer (FOR NON-JUDICIAL) (See Instructions) Talbots
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		

Date 10/21/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alison Rhodes	Amount of Contribution \$ 4800
Contributor address; City; State; Zip Code Houston TX		In-kind contribution description Poll worker
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Retail manager		Employer (FOR NON-JUDICIAL) (See Instructions) Talbots
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 2/3
2 FILER NAME Kristina Zetoppek		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0
5 Date 10/23/2020	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hector Guzman	8 Amount of Contribution \$ 7200
7 Contributor address; City; State; Zip Code Uvalde Rd Houston, TX 77015		9 In-kind contribution description Rollworker
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Security Guard		11 Employer (FOR NON-JUDICIAL) (See Instructions) Allied Universal
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		

Date 10/23/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hector Guzman	Amount of Contribution \$ 3600	In-kind contribution description Rollworker
Contributor address; City; State; Zip Code Uvalde Rd Houston, TX 77015		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 3/3
2 FILER NAME Kristina Zetopek		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0
5 Date 10/22/2020	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tamara Walker	8 Amount of Contribution \$ 9000
7 Contributor address; City; State; Zip Code Edenglen Houston TX 77015		9 In-kind contribution description Poll worker
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Domestic Engineer		11 Employer (FOR NON-JUDICIAL)(See Instructions) Self
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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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 Kristina Zatopek		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 0
5 Date of loan 10/24/2020	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Kristina Zatopek	9 Loan Amount (\$) 200⁰⁰
6 Is lender a financial institution? Y (N)	8 Lender address; City; State; Zip Code 13942 Woodforest Blvd Houston TX 77015	10 Interest rate 0
		11 Maturity date 0
12 Principal occupation / Job title (See Instructions) Retail Operations Mgr		13 Employer (See Instructions) Talbots
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> 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 <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
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 PERSONAL FUNDS

SCHEDULE G

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 G: 1	2 FILER NAME Kristina Zetopsek	3 Filer ID (Ethics Commission Filers)
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4 Date 10/23/2020	5 Payee name Staples
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6 Amount (\$) 10.16 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; 6002 E. Sam Houston Pkwy N	City; Houston	State; TX	Zip Code 77049
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Copies
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/20/2020	Payee name The UPS Store #6789
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Amount (\$) 6.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; 1011 W. Airport Blvd Meadows Place, TX	City; TX	State; TX	Zip Code 77477
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9 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Notary
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended				

10 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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