

# 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:																		
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; font-size: small;">MS / MRS / MR</td> <td style="width:35%; text-align: center;">FIRST</td> <td style="width:15%; font-size: small;">MI</td> </tr> <tr> <td></td> <td style="text-align: center;">Mr. Zachariah</td> <td style="text-align: center;">A.</td> </tr> <tr> <td style="font-size: small;">NICKNAME</td> <td style="font-size: small;">LAST</td> <td style="font-size: small;">SUFFIX</td> </tr> <tr> <td></td> <td style="text-align: center;">Zach Sambrao</td> <td></td> </tr> </table>	MS / MRS / MR	FIRST	MI		Mr. Zachariah	A.	NICKNAME	LAST	SUFFIX		Zach Sambrao		<div style="text-align: center; font-weight: bold; font-size: 1.2em;">OFFICE USE ONLY</div> <p style="text-align: center;">Date Received</p> <p style="font-size: 1.5em; text-align: center;">City Clerk</p> <p style="font-size: 1.5em; text-align: center;">OCT 02 2020</p> <p style="font-size: 1.5em; text-align: center;">City of San Marcos</p> <hr/> <p style="font-size: small;">Date Hand-delivered or Date Postmarked</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; font-size: small;">Receipt #</td> <td style="width:50%; font-size: small;">Amount \$</td> </tr> <tr> <td colspan="2" style="font-size: small;">Date Processed</td> </tr> <tr> <td colspan="2" style="font-size: small;">Date Imaged</td> </tr> </table>		Receipt #	Amount \$	Date Processed		Date Imaged	
MS / MRS / MR	FIRST	MI																			
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NICKNAME	LAST	SUFFIX																			
	Zach Sambrao																				
Receipt #	Amount \$																				
Date Processed																					
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<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> Change of Address	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; font-size: small;">ADDRESS / PO BOX;</td> <td style="width:15%; font-size: small;">APT / SUITE #;</td> <td style="width:15%; font-size: small;">CITY;</td> <td style="width:15%; font-size: small;">STATE;</td> <td style="width:25%; font-size: small;">ZIP CODE</td> </tr> <tr> <td colspan="5" style="text-align: center;">821 Stagecoach Trail San Marcos Tx 78666</td> </tr> </table>	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	821 Stagecoach Trail San Marcos Tx 78666														
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	Mrs. Cynthia	M																			
NICKNAME	LAST	SUFFIX																			
	Cindy Arredondo																				
<b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or Business)	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%; font-size: small;">STREET ADDRESS (NO PO BOX PLEASE);</td> <td style="width:15%; font-size: small;">APT / SUITE #;</td> <td style="width:15%; font-size: small;">CITY;</td> <td style="width:10%; font-size: small;">STATE;</td> <td style="width:10%; font-size: small;">ZIP CODE</td> </tr> <tr> <td colspan="5" style="text-align: center;">904 Stagecoach Trail San Marcos, Tx 78666</td> </tr> </table>			STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE	904 Stagecoach Trail San Marcos, Tx 78666												
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<b>9 REPORT TYPE</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input checked="" type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded Modified Reporting Limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<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 Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)										
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<b>10 PERIOD COVERED</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; text-align: center;">Month    Day    Year</td> <td style="width:40%; text-align: center;">THROUGH</td> <td style="width:30%; text-align: center;">Month    Day    Year</td> </tr> <tr> <td style="text-align: center;">08 / 20 / 2020</td> <td></td> <td style="text-align: center;">09 / 24 / 2020</td> </tr> </table>			Month    Day    Year	THROUGH	Month    Day    Year	08 / 20 / 2020		09 / 24 / 2020												
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11 / 03 / 2020																					
<b>12 OFFICE</b>	OFFICE HELD (if any)	<b>13 OFFICE SOUGHT (if known)</b> San Marcos City Council, Place 5																			

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME Zach Sambrano 15 Filer ID (Ethics Commission Filers)

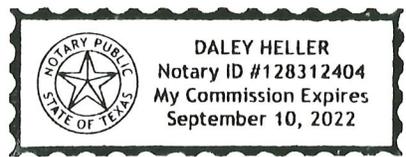
16 NOTICE FROM POLITICAL COMMITTEE(S)  
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES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

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
	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)	\$ <u>Ø</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>1,400.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>2,530.09</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>1,090.52</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>2,220.61</u>

18 AFFIDAVIT



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.

Zachariah A. Sambrano  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said ZACHARIAH A. SAMBRANO, this the 2nd day of OCTOBER, 2020, to certify which, witness my hand and seal of office.

Daley Heller      DALEY HELLER      PASSPORT ADMIN.  
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

Zach Sambrano

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,400.00
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	\$ 2,220.61
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2,530.09
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 2,220.61
9.	<input checked="" type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 2,220.61
10.	<input checked="" type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 309.48
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:

4

2 FILER NAME

Zach Sambrano

3 Filer ID (Ethics Commission Filers)

4 Date

9/3/2020

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

Priscilla Recio

7 Amount of contribution (\$)

\$100.00

6 Contributor address; City; State; Zip Code

335 Dihlinger St., New Braunfels Tx 78130

8 Principal occupation / Job title (See Instructions)

Student

9 Employer (See Instructions)

Note employed

Date

9/3/2020

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

Cynthia Arredondo

Amount of contribution (\$)

\$100.00

Contributor address; City; State; Zip Code

904 Stagecoach Trl., San Marcos Tx 78666

Principal occupation / Job title (See Instructions)

Business Coordinator, Sr.

Employer (See Instructions)

LCRA

Date

9/4/2020

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

Miguel Cortez

Amount of contribution (\$)

\$100.00

Contributor address; City; State; Zip Code

1502 Du Barry Lane, Houston Tx 77018

Principal occupation / Job title (See Instructions)

Store Manager

Employer (See Instructions)

Saint Laurent

Date

9/12/2020

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

Daniela Sambrano

Amount of contribution (\$)

\$50.00

Contributor address; City; State; Zip Code

1750 Aspen St. San Marcos Tx 78666

Principal occupation / Job title (See Instructions)

Clerk

Employer (See Instructions)

City of Kyle

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:

4

2 FILER NAME

Zach Samborano

3 Filer ID (Ethics Commission Filers)

4 Date

9/12/2020

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

Matthew Samborano

7 Amount of contribution (\$)

\$200.<sup>00</sup>

6 Contributor address; City; State; Zip Code

821 Stagecoach Trl., San Marcos Tx 78666

8 Principal occupation / Job title (See Instructions)

Student

9 Employer (See Instructions)

Not employed

Date

9/13/2020

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

Sydney Argall

Amount of contribution (\$)

\$20.<sup>00</sup>

Contributor address; City; State; Zip Code

1200 Estancia Pkwy. #921, Austin Tx 78748

Principal occupation / Job title (See Instructions)

Selling Supervisor

Employer (See Instructions)

Saint Laurent

Date

9/13/2020

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

Cynthia Carrizales

Amount of contribution (\$)

\$100.<sup>00</sup>

Contributor address; City; State; Zip Code

1009 Cheatham, San Marcos, Tx 78666

Principal occupation / Job title (See Instructions)

Office Manager

Employer (See Instructions)

Redbird Flight Simulations

Date

9/13/2020

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

Dezarae Ahumada

Amount of contribution (\$)

\$5.<sup>00</sup>

Contributor address; City; State; Zip Code

7324 S. Glenn St., Austin Tx 78744

Principal occupation / Job title (See Instructions)

Client Service Rep

Employer (See Instructions)

Hill Country Animal Hospital

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

4

2 FILER NAME

Zach Sambrano

3 Filer ID (Ethics Commission Filers)

4 Date

9/13/2020

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

Armando Bocanegra

7 Amount of contribution (\$)

\$ 10.<sup>00</sup>

6 Contributor address; City; State; Zip Code

3200 S. First St., #901, Austin Tx 78704

8 Principal occupation / Job title (See Instructions)

Essential Personnel

9 Employer (See Instructions)

City of Austin

Date

9/13/2020

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

Lorena Gonzales

Amount of contribution (\$)

\$ 20.<sup>00</sup>

Contributor address; City; State; Zip Code

325 Pintail Loop, San Marcos Tx 78666

Principal occupation / Job title (See Instructions)

Medical Assistant

Employer (See Instructions)

Austin Diagnostic Clinic

Date

9/13/2020

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

David and Angie Sambrano

Amount of contribution (\$)

\$ 300.<sup>00</sup>

Contributor address; City; State; Zip Code

821 Stagecoach Trl, San Marcos Tx 78666

Principal occupation / Job title (See Instructions)

Recycling Coord./ Admin Assistant

Employer (See Instructions)

Texas State University

Date

9/14/2020

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

Brandon Diaz

Amount of contribution (\$)

\$ 20.<sup>00</sup>

Contributor address; City; State; Zip Code

10101 S. 1<sup>st</sup> St. Austin Tx 78748

Principal occupation / Job title (See Instructions)

Designer

Employer (See Instructions)

Vazzo Spaces

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:

4

2 FILER NAME

Zach Sambrano

3 Filer ID (Ethics Commission Filers)

4 Date

9/15/2020

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

Felicra Segura

7 Amount of contribution (\$)

\$ 50.<sup>00</sup>

6 Contributor address; City; State; Zip Code

387 Marquitos Dr., Kyle Tx 79640

8 Principal occupation / Job title (See Instructions)

Therapist

9 Employer (See Instructions)

Austin Lakes Hospital

Date

9/16/2020

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

Quanita Brown

Amount of contribution (\$)

\$ 300.<sup>00</sup>

Contributor address; City; State; Zip Code

2823 Mc Donough Way, Katy Tx 77494

Principal occupation / Job title (See Instructions)

CEO

Employer (See Instructions)

The Conexions Source LLC

Date

9/24/2020

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

Kama Davis

Amount of contribution (\$)

\$ 25.<sup>00</sup>

Contributor address; City; State; Zip Code

1312 Perkins, San Marcos Tx 78666

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Texas State University

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

Zach Sambrano

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan

8/24/2020

7 Name of lender  out-of-state PAC (ID#: \_\_\_\_\_ )

Zach Sambrano

9 Loan Amount (\$)

2220.61

6 Is lender a financial Institution?

Y  N

8 Lender address; City; State; Zip Code

821 Stagecoach Trl, San Marcos Tx 78666

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

Retail Sales Professional

13 Employer (See Instructions)

Gucci

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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 1	<b>2</b> FILER NAME Zach Sambrano	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 9/14/2020	<b>5</b> Payee name Chase	
<b>6</b> Amount (\$) \$2220.61	<b>7</b> Payee address; City; State; Zip Code P.O. Box 15123, Wilmington, DE, 19850	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Signs
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held Zach Sambrano, San Marcos City Council, Pl. 5	
Date 9/21/2020	Payee name WIX.COM	
Amount (\$) \$10.71	Payee address; City; State; Zip Code 500 Terry A. Francois Blvd., San Francisco CA 94158	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising	Description Website
	<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 Zach Sambrano, San Marcos City Council, Place 5	
Date 9/21/2020	Payee name Wix.com	
Amount (\$) \$298.77	Payee address; City; State; Zip Code 500 Terry A. Francois Blvd., San Francisco CA 94158	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising	Description website
	<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 Zach Sambrano, San Marcos City Council, Place 5	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

### 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<br>Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
|   | 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 F4: <b>1</b>	2 FILER NAME <b>Zach Sambrauo</b>	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ <b>2220.61</b>
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5 Date <b>8/24/2020</b>	6 Payee name <b>Sign Arts</b>
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7 Amount (\$) <b>2220.61</b>	8 Payee address; <b>205 Cheatham #4, San Marcos Tx 78666</b>	City;	State;	Zip Code
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political	<input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising</b>	(b) Description <b>Signs</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Zach Sambrauo, San Marcos City Council, Pl. 5</b>	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
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TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	(c) <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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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.

<b>1</b> Total pages Schedule G: 1	<b>2</b> FILER NAME Zach Sambraus	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 9/10/2020	<b>5</b> Payee name Chase
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<b>6</b> Amount (\$) 2220.61 <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code P.O. Box 15123, Wilmington, DE, 19850
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising	<b>(b)</b> Description Signs
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Zach Sambraus, San Marcos City Council, Place 5	Office sought	Office held
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	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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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	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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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

# SCHEDULE H

### 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 H: <b>1</b>	2 FILER NAME <b>Zach Sambrano</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>9/21/2020</b>	5 Business name <b>WIX.COM</b>
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6 Amount (\$) <b>\$ 1071</b>	7 Business address; City; State; Zip Code <b>500 Terry A. Francois Blvd., San Francisco, CA 94158</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising</b>	(b) Description <b>website</b>
	(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 <b>Zach Sambrano, San Marcos City Council, Place 5</b>	Office sought	Office held
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Date <b>9/21/2020</b>	Business name <b>WIX.COM</b>
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Amount (\$) <b>\$ 298.77</b>	Business address; City; State; Zip Code <b>500 Terry A. Francois Blvd., San Francisco, CA 94158</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	Description <b>website</b>
	<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 <b>Zach Sambrano</b>	Office sought <b>San Marcos City Council, Place 5</b>	Office held
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Date	Business name
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Amount (\$)	Business address; City; State; Zip Code
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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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