

**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	2 Total pages filed: 8
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
Estevan Chuy		OFFICE USE ONLY	
13206 Jenner Ln		Date Received <i>July 11, 2024</i>	
Austin, TX 78729		Date Hand-delivered or Date Postmarked	
<input type="checkbox"/> Change of Address		Receipt #	
		Amount	
		Date Processed	
		Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
		<i>Gina</i>	
	NICKNAME	LAST	SUFFIX
		<i>DePuy</i>	
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY; STATE; ZIP CODE
	<i>3811 Cypress Point Cv</i>		<i>Round Rock TX 78664</i>
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	<i>714</i>	<i>501-419</i>	
8 REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff
	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded modified reporting limit
			<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)
			<input type="checkbox"/> Final Report (Attach C/OH-FR)
9 PERIOD COVERED	Month Day Year	THROUGH	Month Day Year
	01/01/2024		06/30/2024
10 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff
	11/05/2024	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known)	
	Round Rock ISD School Board Trustee Place 1 Place 1 District RRISD Williamson	Round Rock ISD School Board Trustee Place 1 Place 1 District RRISD	

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**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM C/OH
COVER SHEET PG 2**

2 of 8

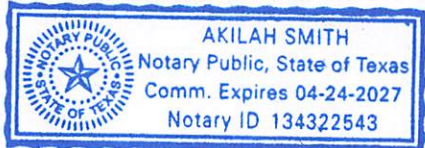
13 C / OH NAME Zarate, Estevan Chuy	14 Filer ID
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15 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.		
<input type="checkbox"/> Additional Pages <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME	
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	883.78
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4.	TOTAL POLITICAL EXPENDITURES	\$	392.07
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	2,254.34
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

17 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.



Estevan Chuy Zarate

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Akilah Smith, this the 11 day of July, 2024, to certify which, witness my hand and seal of office.

Akilah Smith

Signature of officer administering

Akilah Smith

Printed name of officer administering

Legal

Title of officer administering oath

SUBTOTALS - C/OH

18 FILER NAME Zarate, Estevan Chuy		19 Filer ID
20 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 883.78
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 392.07
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES 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: Sch: 1/2 Rpt: 4/8
2 FILER NAME Zarate, Estevan Chuy		3 Filer ID
4 Date 01/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Bucy Campaign	7 Amount of Contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code 12702 Oro Valley Trl Austin, TX 78729		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 06/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laine, Krista	Amount of Contribution (\$) \$474.00
Contributor address; City; State; Zip Code 8629 Toro Creek Cove Unit E Austin, TX 78759		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Molis, Rebecca	Amount of Contribution (\$) \$26.63
Contributor address; City; State; Zip Code 8629 Sea Ash Cir Round Rock, TX 78681		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Molis, Rebecca	Amount of Contribution (\$) \$26.63
Contributor address; City; State; Zip Code 8629 Sea Ash Cir Round Rock, TX 78681		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Molis, Rebecca	Amount of Contribution (\$) \$26.63
Contributor address; City; State; Zip Code 8629 Sea Ash Cir Round Rock, TX 78681		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/2 Rpt: 5/8
2 FILER NAME Zarate, Estevan Chuy		3 Filer ID
4 Date 04/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Molis, Rebecca	7 Amount of Contribution (\$) \$26.63
6 Contributor address; City; State; Zip Code 8629 Sea Ash Cir Round Rock, TX 78681		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 05/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Molis, Rebecca	Amount of Contribution (\$) \$26.63
Contributor address; City; State; Zip Code 8629 Sea Ash Cir Round Rock, TX 78681		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Molis, Rebecca	Amount of Contribution (\$) \$26.63
Contributor address; City; State; Zip Code 8629 Sea Ash Cir Round Rock, TX 78681		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/3 Rpt: 6/8		2 FILER NAME Zarate, Estevan Chuy		3 Filer ID
4 Date 06/30/2024		5 Payee name DonateWay		
6 Amount (\$) \$44.95		7 Payee address; City; State; Zip Code PC Box 300781 Austin, TX 78703		
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees from donation processing site	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held
Date 06/25/2024		Payee name Krista Laine Campaign		
Amount (\$) \$200.00		Payee address; City; State; Zip Code 8629 Toro Creek Cove Unit E Austin, TX 78759		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation to candidate campaign	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held
Date 06/09/2024		Payee name SquareSpace		
Amount (\$) \$24.52		Payee address; City; State; Zip Code 8 Clarkson St New York, NY 10014		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense website domain subscription fee	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES 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: Sch: 2/3 Rpt: 7/8	2 FILER NAME Zarate, Estevan Chuy	3 Filer ID
4 Date 05/09/2024	5 Payee name SquareSpace	
6 Amount (\$) \$24.52	7 Payee address; City; State; Zip Code 8 Clarkson St New York, NY 10014	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense website domain subscription fee
9 Complete ONLY if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought
		Office held
Date 04/09/2024	Payee name SquareSpace	
Amount (\$) \$24.52	Payee address; City; State; Zip Code 8 Clarkson St New York, NY 10014	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense website domain subscription fee
Complete ONLY if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought
		Office held
Date 03/09/2024	Payee name SquareSpace	
Amount (\$) \$24.52	Payee address; City; State; Zip Code 8 Clarkson St New York, NY 10014	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense website domain subscription fee
Complete ONLY if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought
		Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/3 Rpt: 8/8	2 FILER NAME Zarate, Estevan Chuy	3 Filer ID
4 Date 02/09/2024	5 Payee name SquareSpace	
6 Amount (\$) \$24.52	7 Payee address: City; State; Zip Code 8 Clarkson St New York, NY 10014	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense website domain subscription fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought Office held
Date 01/09/2024	Payee name SquareSpace	
Amount (\$) \$24.52	Payee address; City; State; Zip Code 8 Clarkson St New York, NY 10014	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense website domain subscription fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought Office held