



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

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

**14 C/OH NAME** Roberta Zamora **15 ACCOUNT # (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<br><br><input type="checkbox"/> SPECIFIC<br><br><input type="checkbox"/> additional pages | COMMITTEE TYPE | COMMITTEE NAME                       |
|  |                | COMMITTEE ADDRESS                    |
|  |                | COMMITTEE CAMPAIGN TREASURER NAME    |
|  |                | COMMITTEE CAMPAIGN TREASURER ADDRESS |

|                                |   |                        |
|--------------------------------|---|------------------------|
| <b>17 CONTRIBUTION TOTALS</b>  | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ 100. <sup>-</sup>   |
|                                | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                  | \$ 2452. <sup>31</sup> |
| <b>EXPENDITURE TOTALS</b>      | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED   | \$ ∅                   |
|                                | 4. TOTAL POLITICAL EXPENDITURES   | \$ 1286. <sup>08</sup> |
| <b>CONTRIBUTION BALANCE</b>    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD                                    | \$ 463. <sup>92</sup>  |
| <b>OUTSTANDING LOAN TOTALS</b> | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                         | \$ ∅                   |

**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.

AMY J. DORSEY  
Notary Public,  
State of Texas  
Comm. Exp. 09-01-14

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Roberta Zamora, this the 8<sup>th</sup> day of October, 20 12, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Amy J. Dorsey  
Printed name of officer administering oath

Title of officer administering oath

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

|   |   |   |  |
|---|---|---|--|
| The Instruction Guide explains how to complete this form.   |   | 1 Total pages Schedule A: <u>2</u>                |  |
| 2 FILER NAME<br><u>Roberta Zamora</u>   |   | 3 ACCOUNT # (Ethics Commission Filers)            |  |
| 4 Date<br><u>8/22/12</u>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><u>David H. Glenn</u>        | 7 Amount of contribution (\$)<br><u>\$500.-</u>   | 8 In-kind contribution description (if applicable)<br>-                        |
| 6 Contributor address; City; State; Zip Code<br><u>PO Box 1089<br/>Wimberley, Tx 78676</u>            |   | (If travel outside of Texas, complete Schedule T) |  |
| 9 Principal occupation / Job title (See Instructions)<br><u>retired</u>                               |   | 10 Employer (See Instructions)                    |  |
| Date<br><u>8/12/12</u>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><u>Alice and James McMeans</u> | Amount of contribution (\$)<br><u>\$500.-</u>     | In-kind contribution description (if applicable)                               |
| Contributor address; City; State; Zip Code<br><u>2000 Fischer Store Rd<br/>Wimberley Tx 78676</u>     |   | (If travel outside of Texas, complete Schedule T) |  |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                       |  |
| Date<br><u>8/29/12</u>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><u>Lila McCall</u>             | Amount of contribution (\$)<br><u>\$702.31</u>    | In-kind contribution description (if applicable)<br><u>printing of mailers</u> |
| Contributor address; City; State; Zip Code<br><u>2500 River Road<br/>Wimberley Tx 78676</u>           |   | (If travel outside of Texas, complete Schedule T) |  |
| Principal occupation / Job title (See Instructions)<br><u>retired</u>                                 |   | Employer (See Instructions)                       |  |
| Date<br><u>9/12/12</u>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><u>Anne &amp; Garry Child</u>  | Amount of contribution (\$)<br><u>\$250.-</u>     | In-kind contribution description (if applicable)                               |
| Contributor address; City; State; Zip Code<br><u>857 Cherry Bark Ln<br/>Dripping Springs Tx 78620</u> |   | (If travel outside of Texas, complete Schedule T) |  |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                       |  |
| Date<br><u>9/24/12</u>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><u>Lyssa Stale</u>             | Amount of contribution (\$)<br><u>\$300.-</u>     | In-kind contribution description (if applicable)                               |
| Contributor address; City; State; Zip Code<br><u>330 Grafton Ln<br/>Austin Tx 78737</u>               |   | (If travel outside of Texas, complete Schedule T) |  |
| Principal occupation / Job title (See Instructions)<br><u>homemaker</u>                               |   | 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.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

|  |   |   |  |
|--|---|---|--|
| The Instruction Guide explains how to complete this form.                                      |   | 1 Total pages Schedule A: <u>2</u>                |  |
| 2 FILER NAME<br><u>Roberta Zamora</u>  |   | 3 ACCOUNT # (Ethics Commission Filers)            |  |
| 4 Date<br><u>9/12/12</u>   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><u>Terry Tull</u>                            | 7 Amount of contribution (\$)<br><u>\$100.-</u>   | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code<br><u>16712 Rivendell Ln<br/>Austin, Tx 78737</u> |   | (If travel outside of Texas, complete Schedule T) |  |
| 9 Principal occupation / Job title (See Instructions)<br><u>retired</u>                        |   | 10 Employer (See Instructions)                    |  |
| Date   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><br>Contributor address; City; State; Zip Code | Amount of contribution (\$)                       | In-kind contribution description (if applicable)   |
|  |   | (If travel outside of Texas, complete Schedule T) |  |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                       |  |
| Date   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><br>Contributor address; City; State; Zip Code | Amount of contribution (\$)                       | In-kind contribution description (if applicable)   |
|  |   | (If travel outside of Texas, complete Schedule T) |  |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                       |  |
| Date   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><br>Contributor address; City; State; Zip Code | Amount of contribution (\$)                       | In-kind contribution description (if applicable)   |
|  |   | (If travel outside of Texas, complete Schedule T) |  |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                       |  |
| Date   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><br>Contributor address; City; State; Zip Code | Amount of contribution (\$)                       | In-kind contribution description (if applicable)   |
|  |   | (If travel outside of Texas, complete Schedule T) |  |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                       |  |

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# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F:                                    | <b>2</b> FILER NAME<br><i>Roberta Zamora</i>   | <b>3</b> ACCOUNT # (Ethics Commission Filers)<br>-                                       |
| <b>4</b> Date<br><i>8-29-12</i>                                     | <b>5</b> Payee name<br><i>Super Cheap Signs</i>  |  |
| <b>6</b> Amount (\$)<br><i>\$612.57</i>                             | <b>7</b> Payee address; City; State; Zip Code  |  |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See categories listed at the top of this schedule)<br><i>Printing</i> | <b>(b)</b> Description (If travel outside of Texas, complete Schedule T)<br><i>SIGNS</i> |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name<br><i>Robbie Zamora</i>                                      | Office sought<br><i>HTGCD #1</i>   |
| Date<br><i>9-17-12</i>  | Payee name<br><i>Alpha Graphics</i>  |  |
| Amount (\$)<br><i>\$419.47</i>                                      | Payee address; City; State; Zip Code   |  |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See categories listed at the top of this schedule)<br><i>Printing</i>            | Description (If travel outside of Texas, complete Schedule T)<br><i>mailer</i>           |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Officeholder name<br><i>Robbie Zamora</i>                                      | Office sought<br><i>HTGCD #1</i>   |
| Date<br><i>9-25-12</i>  | Payee name<br><i>USPS</i>  |  |
| Amount (\$)<br><i>\$254.04</i>                                      | Payee address; City; State; Zip Code<br><i>Dripping Springs, Tx 78620</i>                  |  |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See categories listed at the top of this schedule)                               | Description (If travel outside of Texas, complete Schedule T)                            |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Officeholder name  | Office sought  |
| Date  | Payee name   |  |
| Amount (\$)   | Payee address; City; State; Zip Code   |  |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See categories listed at the top of this schedule)                               | Description (If travel outside of Texas, complete Schedule T)                            |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Officeholder name  | Office sought  |

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