CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1	Filer ID (Eth	ics Commission Filers)	2 Total pages filed			OFFICE US	SE ONLY
	00082288		13			Date Received	
3	CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs.	FIRST Claudia Natali		МІ	ELECTRONICAL 09/09/2024	LY FILED
		NICKNAME	LAST		SUFFIX		
			Hurtado			Date Hand-delivered or D	ate Postmarked
4	ORIGINAL REPORT TYPE	January 15	Runoff	Oth	her (specify)		
	REPORT TIPE	July 15	Exceeded modifie	d reporting limit		Receipt #	Amount
		30th day before election	15th day after car appointment (offic			Data Drassad	
		8th day before election	X Final Report (Atta	ch C/OH-FR)		Date Processed	
5	ORIGINAL PERIOD COVERED	Month Day Yea 01/16/2024	ar THROUGH	Month Day 09/09/20		Date Imaged	
6	EXPLANATION OF 0	CORRECTION				-	
7	AFFIDAVIT						
				vear, or aπirm, und d correct.	ier penalty of perjury	r, that this corrected r	eport is true
			Ch	eck the box next to	any and all applical	ble statements:	
			X	was made in go		affirm that the origina an intent to mislead ned in the report.	
				report not later t that the report a	han the 14th busine is originally filed is in , that any error or on	that I am filing this c ss day after the date accurate or incomple nission in the report a	l learned ete. l
					Mrs. Claudia Nat	ali Hurtado	
				Sig	nature of Candidate	or Officeholder	
	AFFIX NOTARY ST	AMP / SEAL ABOVE					
		ribed before me, by the sai				ne	day
	of	, 20, to cer	tify which, witness my	hand and seal of o	office.		
	Signature of offic	er administering oath	Printed name of	officer administerin	g oath	Title of officer adminis	stering oath
		Remember To At Nee	tach Any Part O ded To Report /			ort Form	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to com	plete this form.	1 Filer ID (Ethics Commis 00082288	,	2 Total pages filed: 13			
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE USE ONLY			
OFFICEHOLDER	Mrs.	Claudia Natal	i		OFFICE 03E ONET			
NAME		Claudia Hala			Date Received			
					ELECTRONICALLY FILED			
	NICKNAME	LAST		SUFFIX	09/09/2024			
		Hurtado		00111/				
		Hullauu						
4 CANDIDATE /	ADDRESS / PO BOX; A	PT / SUITE #; CIT	ΓY;	ZIP CODE	Date Hand-delivered or Date Postmarked	t		
OFFICEHOLDER	5202 Verdant Way							
MAILING ADDRESS					Receipt # Amount			
I								
Change of Address	Houston, TX 77069				Date Processed			
					Date Imaged			
5 CAMPAIGN	MS / MRS / MR	FIRST		MI				
TREASURER				IVII				
NAME		Brian W.						
	NICKNAME	LAST		SUFFIX				
		Burks						
		Barrio						
6 CAMPAIGN	STREET ADDRESS (NO F	PO BOX PLEASE);	APT	r / SUITE #; CITY;	STATE; ZIP (CODE		
TREASURER ADDRESS	14 Night Rain Ct.							
(Residence or Business)	The Woodlands, TX 773	001						
		001						
7 CAMPAIGN	AREA CODE PH	ONE NUMBER	EXTENSION					
TREASURER			EXTENSION					
PHONE	(832) 851-0406							
8 REPORT					_			
TYPE	January 15	30th day before	e election	Runoff	15th day after campaign treasure	er		
		—			appointment (officeholder only)			
	X July 15	8th day before	election	Exceeded modified X reporting limit	Final Report (Attach C/OH-FR)			
				roporting inne				
9 PERIOD	Month Day Yea	r		Month Day	Year			
COVERED	01/16/2024	TI	HROUGH	09/09/2024	1			
10 ELECTION	ELECTION DATE			ELECTION TYPE				
	Month Day Yea	r 🗖 🗉	Primary	Runoff	Other			
	11/03/2020	· L.	lineary					
	11/00/2020	X	General	Special				
11 OFFICE	OFFICE HELD (if any)	I		12 OFFICE SOUGHT	(if known)			
	None				tive Place Houston District 1	26		
	None					.20		
		~~~						
		GO	TO PAGE 2					
Forms provided by Te	orms provided by Texas Ethics Commission www.ethics.state.tx.us Version V4.1.0.48da51f7							

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

#### FORM C/OH **COVER SHEET PG 2** 3 of 13

13 C / OH NAME	Hurtado, Claudia Nata	ali (Mrs.)	14 Filer ID ( 00082288	Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without t I officeholders are required to report this information	he candidate's or office	holder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	S	
16 CONTRIBUTION TOTALS	OR GUARANTE	ZED POLITICAL CONTRIBUTIONS (OTHER THAN ES OF LOANS, OR CONTRIBUTIONS MADE ELEC		<b>\$</b> 0.00
		<b>AL CONTRIBUTIONS</b> PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	<b>\$</b> 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		<b>\$</b> 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		<b>\$</b> 1,117.60
CONTRIBUTION BALANCE	5. TOTAL POLITICA REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L/ RIOD	AST DAY OF THE	<b>\$</b> 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	<b>\$</b> 0.00
17 AFFIDAVIT		I swear, or affirm, under penalty true and correct and includes al under Title 15, Election Code.		
			audia Natali Hurtado Candidate or Officeholo	dor
• ——····		C C		นธา
AFFIX NO	TARY STAMP / SEAL ABO	JVE		
		aid	, this the	day
of	, 20, to ce	rtify which, witness my hand and seal of office.		
-	er administering	Printed name of officer administering		administering oath
Forms provided by Te	xas Ethics Commission	www.ethics.state.tx.us		Version V4.1.0.48da51f7

SUBTOTALS - C/OH	FORM C/OH OVER SHEET PG 3 4 of 13				
18 FILER NAME Hurtado, Claudia Natali (Mrs.)	(Ethics Commission Filers)				
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT				
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$			
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$			
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$			
4. SCHEDULE E: LOANS		\$			
5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	<b>\$</b> 1,117.60			
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$			
7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS				
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$				
9. SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$				
10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$			
11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$			
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$			

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement   Fees Office Overhead/Rental Expense   Food/Beverage Expense Polling Expense   Gift/Awards/Memorials Expense Printing Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)					
	Sch: 1/8 Rpt: 5/13	Hurtado, Claudia Natali (Mrs.)	00082288					
4	Date	Payee name						
	01/29/2024	Amazon						
6	Amount (\$) \$400.51	7 Payee address; City; State; Zip Code     \$400.51     410 Terry Ave N     Seattle, WA 98109						
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense undraiser.					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	01/29/2024	Amazon						
	Amount (\$)   Payee address;   City;   State;   Zip Code     \$86.59   410 Terry Ave N   Seattle, WA 98109							
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense undraiser.					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	04/01/2024	Bank of America						
	Amount (\$) \$16.00	Payee address; City; State; Zip Code 100 N. Tryon St. Ste. 170 Charlotte, NC 28202						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made E Candidate/Officeholder/Politic Credit Card Payment			Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expen	se	Loan Repa Office Ove Polling Exp Printing Ex Salaries/W	ment/Reimbursement head/Rental Expense ense gense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filer	s)
	Sch: 2/8 Rpt: 6/13		Hurtado, Claudia Natali (Mrs.)					00082288	
4	Date	5	Payee name				I		
	04/22/2024		Bank of America						
6	Amount (\$)	7	Payee address; City;	State:	Zip Co	le			
	\$10.00		100 N. Tryon St.	,					
			Ste. 170						
			Charlotte, NC 28202						
8	PURPOSE	(2)				(b) Decemination			
0	OF	(a)	Category (See Categories listed at the top of Fees	of this sched	dule)	b) Description	outsi	ide of Texas. Complete Schedule T.	
	EXPENDITURE		1 663					, officeholder living expense	
						Overdraft fee			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Of	ffice sou	ht		Office held	
	Date		Payee name						
	04/24/2024		Bank of America						
	Amount (\$)		Payee address; City;	State;	Zip Co	le			
	\$10.00		100 N. Tryon St.						
			Ste. 170						
			Charlotte, NC 28202						
	PURPOSE	(a)	Category (See Categories listed at the top of	of this schor	dulo)	<b>b)</b> Description			
	OF EXPENDITURE		Fees	01 (113 30110)	uuic)		outs	ide of Texas. Complete Schedule T.	
	EXPENDITORE							, officeholder living expense	
						Overdraft fee			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Of	ffice sou	ht		Office held	
		_							
	Date		Payee name						
	06/03/2024		Bank of America						
	Amount (\$)		Payee address; City;	State;	Zip Co	le			
	\$16.00		100 N. Tryon St.						
			Ste. 170						
			Charlotte, NC 28202						
	PURPOSE	(a)	Category (See Categories listed at the top of	of this sched	dule)	<b>b)</b> Description			
	OF EXPENDITURE		Fees					ide of Texas. Complete Schedule T.	
							, TX	, officeholder living expense	
						Monthly fee.			
	Complete ONL V if direct	Ļ	Condidate/Officebolder	~	fier	ht		Office held	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Of	ffice sou	m		Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan Rep Office Ov Polling E Printing E Salaries/	oayme verheav xpense Expens Wages	nt/Reimbursement d/Rental Expense e se s/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	2
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission File	ers)
	Sch: 3/8 Rpt: 7/13		Hurtado, Claudia Natali (Mrs.)					00082288	
4	Date	5	Payee name						
	06/06/2024		Bank of America						
6	Amount (\$)	7	Payee address; City; Sta	te; Zip Co	ode				
	\$10.00		100 N. Tryon St.						
	ļ		Ste. 170						
			Charlotte, NC 28202						
8	PURPOSE	(a)		1 1.1-X	(h)	Description			
C	OF	(~,	Category (See Categories listed at the top of this s Fees	schedule)	(~)		outsi	de of Texas. Complete Schedule T.	
	EXPENDITURE					Check if Austin,	, тх,	officeholder living expense	
	ļ					Overdraft fee			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ught			Office held	
	Date	Γ	Payee name						
	05/01/2024		Bank of America						
	Amount (\$)	Γ	Payee address; City; Sta	te; Zip Co	ode				
	\$16.00		100 N. Tryon St.						
	Ste. 170								
			Charlotte, NC 28202						
	PURPOSE	(a)	Category (See Categories listed at the top of this	schedule)	(b)	Description			
	OF EXPENDITURE		Fees	-				de of Texas. Complete Schedule T.	
							, TX,	officeholder living expense	
						Monthly fee.			
	Complete ONLY if direct		Candidate/Officeholder name	Office sou	 iaht			Office held	
	expenditure to benefit C/OF			Unice 300	Jyn			Onice new	
	Date	—	Payee name						
	07/01/2024		Bank of America						
	Amount (\$)	┝		te; Zip Co	aha				
	\$16.00		100 N. Tryon St.		Jue				
	φ±0.00		Ste. 170						
		Ļ	Charlotte, NC 28202		1				
	PURPOSE OF	(a)	Category (See Categories listed at the top of this s	schedule)	(b)	Description	outei	de of Texas. Complete Schedule T.	
	EXPENDITURE		Fees					officeholder living expense	
						Monthly fee.			
	Complete ONLY if direct		Candidate/Officeholder name	Office sou	ught			Office held	
	expenditure to benefit C/OF	н							

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Fees     Office Overhead/Rental Expense     Transportation Equipment &       Food/Beverage Expense     Polling Expense     Travel in District       Gift/Awards/Memorials Expense     Printing Expense     Travel Out of District				
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Sch: 4/8 Rpt: 8/13		Hurtado, Claudia Natali (Mrs.)				00082288
4	Date	5	Payee name				
	03/20/2024		Huntwick Recreational Facilities				
6	Amount (\$)	7	Payee address; City; State	; Zip Co	le		
	\$215.00		5300 Coral Gables				
			Houston, TX 77069				
8	PURPOSE	(2)			(b) Description		
0	OF	(a)	Category (See Categories listed at the top of this sci Event Expense	hedule)	(b) Description	outsi	ide of Texas. Complete Schedule T.
	EXPENDITURE		Lvent Lxpense				, officeholder living expense
					Community E	Eve	nt.
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	Jht		Office held
	Date		Payee name				
	04/12/2024		Mann, Kirsten				
_	Amount (\$)		Payee address; City; State	; Zip Co	le		
	\$125.00		6818 Summer Bridge Lane	, zip 00			
	ψ125.00		obio Summer Bruge Lane				
			Spring, TX 77379				
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sci Event Expense	hedule)		, тх	ide of Texas. Complete Schedule T. , officeholder living expense I <b>GET.</b>
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	Jht		Office held
	_	_					
	Date		Payee name				
	02/06/2024		The Great Task				
	Amount (\$)			e; Zip Co	le		
	\$26.00		2308 Mt Vernon Ave, Box 328				
			Alexandria, VA 22301				
	PURPOSE	(a)	Category (See Categories listed at the top of this sci	hedule)	(b) Description		
	OF EXPENDITURE		Contributions/Donations Made By	ŗ	Check if travel	outs	ide of Texas. Complete Schedule T.
	EXPENDITORE		Candidate/Officeholder/Political Comm	nittee			, officeholder living expense
					The Great Ta	ask.	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	Office sou	Jht	_	Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense   Fees Office Overhead/Rental Expense Transportation Equipment & Rela   Food/Beverage Expense Polling Expense Travel in District   Gift/Awards/Memorials Expense Printing Expense Travel out of District   Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not lister						
1	Total pages Schedule F1:	FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)					
	Sch: 5/8 Rpt: 9/13	Hurtado, Claudia Natali (Mrs.)	00082288					
4	Date 01/23/2024	Payee name ZOOM						
6	Amount (\$) \$17.05	Payee address; City; State; Zip Code 55 Almaden Blvd. San Jose, CA 95113						
8	PURPOSE OF EXPENDITURE		el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	02/06/2024	ZOOM						
	Amount (\$) \$17.05	Payee address;   City;   State;   Zip Code     55 Almaden Blvd.   San Jose, CA 95113   State;   State;   State;						
	PURPOSE OF EXPENDITURE		el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	02/26/2024	ZOOM						
	Amount (\$) \$17.05	Payee address;City;State;ZipCode55 Almaden Blvd.						
		San Jose, CA 95113						
	PURPOSE OF EXPENDITURE		el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense					
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement   Fees Office Overhead/Rental Expense   Food/Beverage Expense Polling Expense   Gitt/Awards/Memorials Expense Printing Expense   Legal Services 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)					
1	Total pages Schedule F1:	FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)					
	Sch: 6/8 Rpt: 10/13	Hurtado, Claudia Natali (Mrs.)	00082288					
4	Date 03/07/2024	Payee name ZOOM						
6	Amount (\$) \$17.05							
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	03/25/2024	ZOOM						
	Amount (\$) \$17.05	Payee address; City; State; Zip Code 55 Almaden Blvd. San Jose, CA 95113						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	04/24/2024	ZOOM						
	Amount (\$) \$17.05	Payee address; City; State; Zip Code 55 Almaden Blvd.						
		San Jose, CA 95113						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement   Fees Office Overhead/Rental Expense   Food/Beverage Expense Polling Expense   Gift/Awards/Memorials Expense Printing Expense   Legal Services 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)					
1	Total pages Schedule F1:	FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)					
	Sch: 7/8 Rpt: 11/13	Hurtado, Claudia Natali (Mrs.)	00082288					
4	Date 04/08/2024	Payee name ZOOM						
6	Amount (\$) \$17.05	7 Payee address;   City;   State;   Zip Code     \$17.05   55 Almaden Blvd.     San Jose, CA 95113						
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	05/07/2024	ZOOM						
	Amount (\$) \$17.05	Payee address;   City;   State;   Zip Code     55 Almaden Blvd.   San Jose, CA 95113   State;   State;   State;						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	05/23/2024	ZOOM						
	Amount (\$) \$17.05	Payee address; City; State; Zip Code 55 Almaden Blvd.						
		San Jose, CA 95113						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense					
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

		EXPENDITURE CATEG	ORIES FOR E	SOX 8(a)		
Candidate/Officeholder/Politica	/ - I Committee	Event Expense Fees Food/Beverage Expense Gft/Awards/Memorials Expense Legal Services	Loan Repayn Office Overhe Polling Exper Printing Expe Salaries/Wag	nent/Reimbursement ad/Rental Expense se nse es/Contract Labor	Travel in District Travel Out of Dist	uipment & Related Expense
-	i	•	is how to comp	lete this form.	i	
						(Ethics Commission Filers)
-						
Amount (\$) \$17.05	55 Almader	n Blvd.	te; Zip Code			
PURPOSE OF EXPENDITURE	(a) Category _{(S} Fees	ee Categories listed at the top of this s	schedule) (b	Check if travel		
		ceholder name	Office sough	t	Office hel	d
	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment Total pages Schedule F1: Sch: 8/8 Rpt: 12/13 Date 06/06/2024 Amount (\$) \$17.05	Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment   2   FILER NAME Hurtado, CI     Total pages Schedule F1:   2   FILER NAME Hurtado, CI     Sch: 8/8 Rpt: 12/13   Hurtado, CI     Date   5   Payee name ZOOM     06/06/2024   7   Payee addres 55 Almader     \$17.05   75 Almader     San Jose, C   San Jose, C     PURPOSE OF EXPENDITURE   (a) Category (Sa	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By- Candidate/Officeholder/Political Committee   Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services     Total pages Schedule F1: Sch: 8/8 Rpt: 12/13   2   FILER NAME Hurtado, Claudia Natali (Mrs.)     Date   5   Payee name ZOOM     06/06/2024   7   Payee address; City; Sta 55 Almaden Blvd.     Amount (\$)   7   Payee address; City; Sta 55 Almaden Blvd.     PURPOSE OF EXPENDITURE   (a) Category (See Categories listed at the top of this s Fees     Complete ONLY if direct   Candidate/Officeholder name	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By- Candidate/Officeholder/Politica: Committee   Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Gift/Awards/Memorials Expense Legal Services   Loan Repaym Polling Expense Polling Expense Staries/Wag     Total pages Schedule F1: Sch: 8/8 Rpt: 12/13   2   FILER NAME Hurtado, Claudia Natali (Mrs.)   The Instruction Guide explains how to comp     Date   5   Payee name ZOOM   ZOOM   Total pages Schedule F1: Sth: 8/8 Rpt: 12/13   7   Payee address; Sit 200M   State; Zip Code State; Zip Code     Amount (\$)   7   Payee address; Stan Jose, CA 95113   State; Zip Code State; Zip Code   for State; Zip Code     PURPOSE OF EXPENDITURE   (a) Category (See Categories listed at the top of this schedule) Fees   for See Categories listed at the top of this schedule)   (b)     Complete ONLY if direct   Candidate/Officeholder name   Office sough	Accounting/Banking Consulting Expense Contributions/ Donations Made By- Candidate/Officeholder/Political Committee   Fees Food/Beverage Expense Git/Awards/Memorials Expense Legal Services   Office Overhead/Rental Expense Poling Expense Salaries/Wages/Contract Labor     Total pages Schedule F1: Sch: 8/8 Rpt: 12/13   2   FILER NAME Hurtado, Claudia Natali (Mrs.)   Poling Expense Salaries/Wages/Contract Labor     Date   5   Payee name ZOOM   For payee name ZOOM   Code     Amount (\$)   7   Payee address; City; State; Zip Code 55 Almaden Blvd.   State; Zip Code     San Jose, CA 95113   San Jose, CA 95113   Check if travel Check if travel Check if travel Check if travel Check if travel Check if dustin Meeting.     Complete ONLY if direct   Candidate/Officeholder name   Office sought	Advertising Expense Accounting/Banking Consuting Expense Conditions/ Donations Made By - Candidate/Officeholder Insure Credit Card Payment   Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense Cit/Awards/Memorials Expense Git/Awards/Memorials Expense Credit Card Payment   Loan Repayment/Reimbursement Office Overhead/Reinbursement Diling Expense Salaries/Wages/Contract Labor   Solicitation/Fundra Travel in District Travel in District T

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	ide explains how to compl "Report Type" on page 1 i			Page 13 of 13
1 C/OH NAME			2 Filer ID (E	thics Commission Filers)
Hurtado, Claudia Nata	li (Mrs.)		00082288	
3 SIGNATURE				
I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.				
		Mrs. Claudia Natali Hurtado		
	Signature of Candidate / Officeholder			
4 FILER WHO IS NOT AN OFFICEHOLDER				
** Complete A & B below only if you are not an officeholder **				
A CAMPAIGN FUNDS				
Check only one:				
X I do not have unexpended contributions or unexpended interest or income earned from political contributions.				
I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions or unexpended interest or income earned on political contributions or unexpended interest or income earned on political contributions or unexpended interest or income earned on political contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code 254.204.				
B ASSETS				
Check only one:				
X I do not retain assets purchased with political contributions or interest or other income from political contributions.				
I do retain assets purchased with political contributions or interest or other income from political contrubutions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, 254.204.				
		Mrs. Claudia Natali Hurtado		
		Signature	e of Candidate	
5 OFFICEHOLDER				
** Complete this section only if you are an officeholder **				
I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.				
		Signature	of Officeholder	_

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