FORM C/OH CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID Total pages filed: The C/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00085291 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Zachary A. NAME Date Received **ELECTRONICALLY FILED** 01/15/2025 NICKNAME LAST **SUFFIX** Vance CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** P.O. Box 4713 MAILING Amount Receipt # **ADDRESS** Change of Address Lago Vista, TX 78645 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Zachary A. NAME NICKNAME LAST **SUFFIX** Vance STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE **CAMPAIGN** APT / SUITE #; CITY; STATE; **TREASURER** 2905 Ticonderoga cove **ADDRESS** (Residence or Business) Lago Vista, TX 78645 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 645-8569 **PHONE** REPORT **TYPE** January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only) Final Report (Attach C/OH-FR) July 15 8th day before election Exceeded modified reporting limit **PERIOD** Month Day Year Month Day Year

07/01/2024

Day

OFFICE HELD (if any)

None Travis

Month

ELECTION DATE

Year

COVERED

10 ELECTION

11 OFFICE

THROUGH

Primary

General

12/31/2024

12 OFFICE SOUGHT (if known)

Other

ELECTION TYPE

Runoff

Special

None

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

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13 C / OH NAME	Vance, Zachary A.		14 Filer ID (00085291	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of political contributions accepted or political expenditures made by political committees candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's k consent. Candidates and officeholders are required to report this information only if they receive notice of such			
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES \$			\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 287.00
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD S			\$ 27.17
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD			\$ 5,027.00
17 AFFIDAVIT		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.		
		Za	chary A. Vance	
			Candidate or Officehol	lder
AFFIX NO	TARY STAMP / SEAL ABO	DVE		
Sworn to and subs	Sworn to and subscribed before me, by the said, this the day			
		ertify which, witness my hand and seal of office.		
Signature of office	cer administering	Printed name of officer administering	Title of office	r administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

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18 FILER NAME Vance, Zachary A. 19 Filer ID (Ethics Commission Filers) 00085291					
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. X	SCHEDULE E: LOANS		\$ 285.00		
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$ 287.00		
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$		
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$		
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 TO FILER	RETURNED	\$		

	LOANS					SCHEDULE E
	The Instruction	on Guide explains how to comp	olete this f	orm.	I	ages Schedule E: /1 Rpt: 4/5
2	P. FILER NAME Vance, Zachary A.				3 Filer ID (Ethics Commission Filers) 00085291	
4	TOTAL OF UN	IITEMIZED LOANS				\$
5	Date of loan 12/31/2024	7 Name of lender	out-of-state PA	C (ID#:)	9 Loan Amount (\$) \$285.00
6	Is lender a financial institution?	8 Lender address; City;	State;	Zip Code		10 Interest Rate
	No	Lago Vista , TX 78645				11 Maturity Date
12	Principal occupati	on / Job title (See Instructions)		13 Employer (See Instruc A and P Engineering		
14	Description of Col	lateral		15 Check if personal fund	s were deposited	d into political account (See Instructions)
16	GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guaranteed (\$)
	X not applicable	18 Guarantor address; City;	State;	Zip Code		
20	Principal occupati	<u>I</u> on		21 Employer (See Instruc	tions)	

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 Co

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries Wagnes/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/1 Rpt: 5/5	Vance, Zachary A. 00085291
4	Date	5 Payee name
	12/20/2024	Campaign Partner
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$192.00	N/A
		Still River, MA 01467
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense Website
		website
_	Complete ONLY if direct	Condidate/Officeholder name Office equals Office hold
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/31/2024	Frost Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$95.00	P.O. Box 1600
		San Antonio , TX 78296
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Bank fees
		Dank ICCS
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		