

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

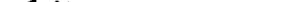
The C/OH Instruction Guide explains how to complete this form.			1 Filer ID (Ethics Commission Filers)	2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <i>Mr.</i>	FIRST <i>Charles</i>	MI <i>J</i>	OFFICE USE ONLY		
	NICKNAME	LAST <i>Zapalac</i>	SUFFIX	Date Received <i>11:00 AM Jan</i>		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE <i>4270 Boulton Creek Rd. Muldoon TX 78949</i>			FILED		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <i>(979)</i>	PHONE NUMBER <i>702-0311</i>	EXTENSION	JAN 29 2026 Date Hand-Delivered or Date Postmarked		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <i>Mrs</i>	FIRST <i>Edith</i>	MI <i>A</i>	Receipt # <i>123456789</i> Amount \$ <i>0.00</i>		
NICKNAME	LAST <i>Zapalac</i>	SUFFIX	Date Processed <i>CAMPAIGN FINANCIAL STATEMENT</i>			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE <i>4420 Boulton Creek Rd. Muldoon TX 78949</i>			Date Imaged		
8 CAMPAIGN TREASURER PHONE	AREA CODE <i>(979)</i>	PHONE NUMBER <i>702-7134</i>	EXTENSION			
9 REPORT TYPE	<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)		
10 PERIOD COVERED	Month <i>1</i>	Day <i>/15/26</i>	Year	Month <i>02</i>	Day <i>/03/26</i>	Year
11 ELECTION	ELECTION DATE <i>03/03/26</i>	Month <i>03</i>	Day <i>03</i>	Year <i>2026</i>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <i>Justice of the Peace Dist 3</i>	13 OFFICE SOUGHT (if known) <i>Justice of the Peace Dist. 3</i>				
14 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"/> Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME				
		COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				

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## **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

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

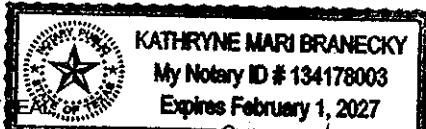
<b>15 C/OH NAME</b>		<b>16 Filer ID (Ethics Commission Filers)</b>
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <b>— 0 —</b>
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <b>— 0 —</b>
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <b>— 0 —</b>
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$ <b>— 0 —</b>
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <b>— 0 —</b>
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <b>— 0 —</b>
<b>OUTSTANDING LOAN TOTALS</b>		

**18 SIGNATURE** 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. 

Signature of Candidate or Officeholder

**Please complete either option below:**

**(1) Affidavit**



Sworn to and subscribed before me by Charles Zupulac this the 29<sup>th</sup> day of January,

20 26, to certify which, witness my hand and seal of office.

**Signature of officer administering oath**

Printed name of officer administering oath

**Title of officer administering oath**

DR

**(2) Unsworn Declaration**

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_

(street)

{city}

(state)

(zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.  
(month) (year)

**Signature of Candidate/Officeholder (Declarant)**