

# 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: <b>2</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	Mr. <u>Joaquin</u>		J.
	NICKNAME	LAST	SUFFIX
	"J.J."	Zamora	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;		APT / SUITE #;
	3205 Ulex Ave.		McAllen, TX 78504
	Change of Address <input type="checkbox"/>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	( 956 )	655-2537	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	Ms. <u>Dolores</u>		
	NICKNAME	LAST	SUFFIX
		Arenas	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;
	401 Quince Ave.		McAllen TX 78501
	(Residence or Business)		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	( 956 )	212-0066	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)		
	<input checked="" 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	Day	Year
	01	01	2024
		THROUGH	Month Day Year
			06 / 30 / 2024
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
			<input 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)		13 OFFICE SOUGHT (if known)
	City Commissioner District 2		
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.		
	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL		
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS		
<input type="checkbox"/> Additional Pages			

**OFFICE USE ONLY**

Date Received  
*City Secretary's Office*

*Received*

Date 7/8/2024

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Date Hand-delivered or Date Postmarked

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Receipt #      Amount \$

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Date Processed

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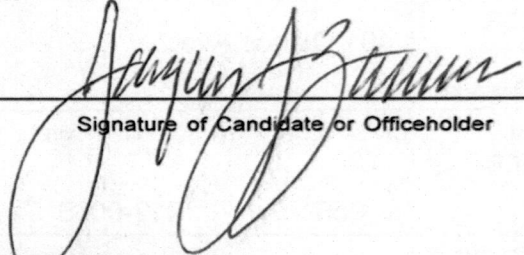
Date Imaged

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ -
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ - 0 -
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ -
	4. TOTAL POLITICAL EXPENDITURES	\$ - 0 -
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 529.88
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

**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**

NOTARY STAMP / SEAL

Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, 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

OR

**(2) Unsworn Declaration**

My name is Jonathan J. Zamora, and my date of birth is [REDACTED]  
 My address is 3205 Ulex Ave., McAllen, TX, 78504 USA.  
(street) (city) (state) (zip code) (country)  
 Executed in Hidalgo County, State of TEXAS, on the 8<sup>th</sup> day of July, 2024.  
(month) (year)  
 \_\_\_\_\_  
 Signature of Candidate/Officeholder (Declarant)