# 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: 8

**3 CANDIDATE / OFFICEHOLDER NAME**
MS / MRS / MR: Mr | FIRST: Miguel | MI: A
NICKNAME | LAST: Zuniga | SUFFIX

**4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS**
ADDRESS / PO BOX: [redacted] | APT / SUITE #: | CITY: Kyle | STATE: TX | ZIP CODE: 78640
☐ Change of Address

**5 CANDIDATE/ OFFICEHOLDER PHONE**
AREA CODE | PHONE NUMBER: ( [redacted] | EXTENSION

**6 CAMPAIGN TREASURER NAME**
MS / MRS / MR: Mr | FIRST: Miguel | MI
NICKNAME | LAST: Zuniga | SUFFIX

**7 CAMPAIGN TREASURER ADDRESS** (Residence or Business)
STREET ADDRESS (NO PO BOX PLEASE): [redacted] | APT / SUITE #: | CITY: Kyle | STATE: TX | ZIP CODE: 78640

**8 CAMPAIGN TREASURER PHONE**
AREA CODE | PHONE NUMBER: ( [redacted] | EXTENSION

**OFFICE USE ONLY**
Date Received
RECEIVED
By Jennifer Kirkland at 10:15 am, Nov 02, 2026
Date Hand-delivered or Date Postmarked
Receipt # | Amount $
Date Processed
Date Imaged

**9 REPORT TYPE**
☐ January 15 | ☐ 30th day before election | ☐ Runoff | ☐ 15th day after campaign treasurer appointment (Officeholder Only)
☐ July 15 | ☒ 8th day before election | ☐ Exceeded Modified Reporting Limit | ☐ Final Report (Attach C/OH - FR)

**10 PERIOD COVERED**
Month / Day / Year: 9 / 25 / 26 THROUGH 10 / 25 / 26

**11 ELECTION**
ELECTION DATE — Month / Day / Year: 11 / 03 / 26
ELECTION TYPE: ☐ Primary ☐ Runoff ☐ Other Description ☒ General ☐ Special

**12 OFFICE**
OFFICE HELD (if any)

**13** OFFICE SOUGHT (if known): City Council 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.

☐ Additional Pages

COMMITTEE TYPE: ☐ GENERAL ☐ SPECIFIC
COMMITTEE NAME
COMMITTEE ADDRESS
COMMITTEE CAMPAIGN TREASURER NAME
COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

| 15 C/OH NAME | 16 Filer ID (Ethics Commission Filers) |
|---|---|
| Miguel Zuniga | |

| | | | |
|---|---|---|---|
| 17 CONTRIBUTION TOTALS | 1. | TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | $ 0 |
| | 2. | **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | $ 750.00 |
| EXPENDITURE TOTALS | 3. | TOTAL UNITEMIZED POLITICAL EXPENDITURE. | $ 0 |
| | 4. | **TOTAL POLITICAL EXPENDITURES** | $ 2,195.00 |
| CONTRIBUTION BALANCE | 5. | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | $ 455.00 |
| OUTSTANDING LOAN TOTALS | 6. | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | $ 0 |

**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 Miguel A. Zuniga, and my date of birth is [redacted].

My address is [redacted] (street), Kyle (city), TX (state), 78640 (zip code), USA (country).

Executed in Hays County, State of Texas, on the 25 day of 10 (month), 20 26 (year).

Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

**FORM C/OH**
**COVER SHEET PG 3**

| 19 FILER NAME | 20 Filer ID (Ethics Commission Filers) |
|---|---|
| Mijael Zuniga | |

| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | | SUBTOTAL AMOUNT |
|---|---|---|---|
| 1. | ☐ | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | $ 750.00 |
| 2. | ☐ | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | $ |
| 3. | ☐ | SCHEDULE B: PLEDGED CONTRIBUTIONS | $ |
| 4. | ☐ | SCHEDULE E: LOANS | $ |
| 5. | ☐ | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | $ 2,185.00 |
| 6. | ☐ | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | $ |
| 7. | ☐ | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | $ |
| 8. | ☐ | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | $ |
| 9. | ☐ | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | $ |
| 10. | ☐ | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | $ |
| 11. | ☐ | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | $ |
| 12. | ☐ | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | $ |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

If the requested information is not applicable, **DO NOT include this page in the report.**

| | |
|---|---|
| **The Instruction Guide explains how to complete this form.** | **1** Total pages Schedule A1: 1 |
| **2** FILER NAME<br>Mipu/Zuni | **3** Filer ID (Ethics Commission Filers) |

| | | |
|---|---|---|
| **4** Date<br>10/15/26 | **5** Full name of contributor ☐ out-of-state PAC (ID#:_____)<br>Will Wichel<br>**6** Contributor address: [redacted] City; Austin State; TX Zip Code 78701 | **7** Amount of contribution ($)<br>250.00 |
| **8** Principal occupation / Job title (See Instructions) | **9** Employer (See Instructions) | |

| | | |
|---|---|---|
| Date<br>10/25/26 | Full name of contributor ☐ out-of-state PAC (ID#:_____)<br>Melvin Alauddin<br>Contributor address; [redacted] City; Pflugerville State; TX Zip Code 78660 | Amount of contribution ($)<br>500.00 |
| Principal occupation / Job title (See Instructions) | Employer (See Instructions) | |

| | | |
|---|---|---|
| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____)<br>Contributor address; City; State; Zip Code | Amount of contribution ($) |
| Principal occupation / Job title (See Instructions) | Employer (See Instructions) | |

| | | |
|---|---|---|
| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____)<br>Contributor address; City; State; Zip Code | Amount of contribution ($) |
| Principal occupation / Job title (See Instructions) | 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 EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

If the requested information is not applicable, **DO NOT include this page in the report.**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment
Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services
Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
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)

**The Instruction Guide explains how to complete this form.**

| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
|---|---|---|
| 3 | Mayor Zunker | |

| 4 Date | 5 Payee name |
|---|---|
| 10/13/26 | Signs on the Cheap |

| 6 Amount ($) | 7 Payee address; | City; | State; | Zip Code |
|---|---|---|---|---|
| 600.00 | 11525 Stonehollow Drive Ste 120 | Austin | TX | 78758 |

☐ Check if individual's residence address.

| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|---|
| | Advertising | Campaign Signs |

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|---|---|---|
| | | | |

| Date | Payee name | | | |
|---|---|---|---|---|
| 10/07/26 | Print Place | 8200 Haskell Avenue Van Nuys, CA 91406 | | |

| Amount ($) | Payee address; | City; | State; | Zip Code |
|---|---|---|---|---|
| 200.00 | | | | |

☐ Check if individual's residence address.

| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
|---|---|---|
| | Advertising | Door Hangers |

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|---|---|---|
| | | | |

| Date | Payee name | | | |
|---|---|---|---|---|
| 10/11/26 | Canva | 110 Kippax St. NSW 2010 | Australia | |

| Amount ($) | Payee address; | City; | State; | Zip Code |
|---|---|---|---|---|
| 500.00 | | | | |

☐ Check if individual's residence address.

| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
|---|---|---|
| | Advertising | Campaign Flyers |

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|---|---|---|
| | | | |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

If the requested information is not applicable, **DO NOT include this page in the report.**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

**The Instruction Guide explains how to complete this form.**

| | | |
|---|---|---|
| 1 Total pages Schedule F1: | 2 FILER NAME: Myrl Zurig | 3 Filer ID (Ethics Commission Filers) |
| 4 Date: 10/02/26 | 5 Payee name: Amazon.Com Seattle WA 98109 | |
| 6 Amount ($): 150.00 | 7 Payee address; City; State; Zip Code: 410 Terry Avenue N. ☐ Check if individual's residence address. | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule): Advertising | (b) Description: Campaign T-shirts |
| | (c) ☐ Check if travel outside of Texas. Complete Schedule T. | ☐ Check if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought / Office held |

| | | |
|---|---|---|
| Date: 10/15/26 | Payee name: Lehman High School Athletics | |
| Amount ($): 225.00 | Payee address; City; State; Zip Code: 1700 Lehman Rd Kyle TX 78640 ☐ Check if individual's residence address. | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule): Donation By Candidate | Description: Donation for Homecoming Pizza |
| | ☐ Check if travel outside of Texas. Complete Schedule T. | ☐ Check if Austin, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought / Office held |

| | | |
|---|---|---|
| Date: 10/06/26 | Payee name: Wal-Mart | |
| Amount ($): 250.00 | Payee address; City; State; Zip Code: 5754 Kyle Parkway Kyle TX 78640 ☐ Check if individual's residence address. | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule): Event Expense National Night Out | Description: Ice Cream / Popsicles / Candy / Ice |
| | ☐ Check if travel outside of Texas. Complete Schedule T. | ☐ Check if Austin, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought / Office held |

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

If the requested information is not applicable, **DO NOT include this page in the report.**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment
Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services
Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
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)

**The Instruction Guide explains how to complete this form.**

| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
|---|---|---|
| | Mikel Zuny | |

| 4 Date | 5 Payee name |
|---|---|
| 10/10/26 | Walgreens |

| 6 Amount ($) | 7 Payee address; | City; | State; | Zip Code |
|---|---|---|---|---|
| 125.00 | 5781 Kyle Parkway | Kyle | TX | 78640 |

☐ Check if individual's residence address.

**8 PURPOSE OF EXPENDITURE**

| (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|
| Event Expense | Candy Founders Parade |

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|---|---|---|
| | | | |

| Date | Payee name |
|---|---|
| 10/24/26 | Wal-Mart |

| Amount ($) | Payee address; | City; | State; | Zip Code |
|---|---|---|---|---|
| 145.00 | 5754 Kyle Parkway | Kyle | TX | 78640 |

☐ Check if individual's residence address.

**PURPOSE OF EXPENDITURE**

| Category (See Categories listed at the top of this schedule) | Description |
|---|---|
| Event Expense Market Day | Candy Trunk or Treat |

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|---|---|---|
| | | | |

| Date | Payee name |
|---|---|
| | |

| Amount ($) | Payee address; | City; | State; | Zip Code |
|---|---|---|---|---|
| | | | | |

☐ Check if individual's residence address.

**PURPOSE OF EXPENDITURE**

| Category (See Categories listed at the top of this schedule) | Description |
|---|---|
| | |

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|---|---|---|
| | | | |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

*An exemption affidavit must be submitted with each paper report.*

*Beginning on January 1, 2026, a candidate or officeholder who has accepted more than $34,890 in political contributions or made more than $34,890 in political expenditures in any calendar year must file all subsequent reports electronically.*

| OFFICE USE ONLY | |
|---|---|
| Date Received | |
| Date Hand-delivered or Date Postmarked | |
| Receipt # | Amount $ |
| Date Processed | |
| Date Imaged | |

| Filer name | Filer ID # |
|---|---|
| Miyu A. Zuniga | |

1. I swear or affirm that I have not accepted more than $34,890 in political contributions or made more than $34,890 in political expenditures in a calendar year.
2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds $34,890 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
5. I am filing this affidavit with the 8th day report due on 10-26-2026. I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

**Please complete either option below:**

**(1) Affidavit**

Signature of Filer

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 Miyu A. Zuniga, and my date of birth is [redacted].

My address is [redacted] (street), Hyle (city), TX (state), 78640 (zip code), USA (country).

Executed in Hays County, State of Texas, on the 26 day of 10 (month), 26 (year).

Miyu A. Zuniga

Signature of Filer (Declarant)

**FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER**