


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: 10
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. Justin R NICKNAME LAST SUFFIX Chapa		OFFICE USE ONLY Date Received  Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2212 Racquet Club Ct. Arlington, TX 76017		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 919-2611		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mrs. Gara R NICKNAME LAST SUFFIX Hill		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4111 Vista Creek Ct. Arlington, TX 76016		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 681-6114		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input checked="" 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 \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year 09 / 07 / 17 THROUGH 11 / 27 / 17		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description 05 / 05 / 2018 <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any) Trustee, Arlington FSD Place #5		13 OFFICE SOUGHT (if known) Trustee, Arlington FSD

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Justin R. Chapa 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

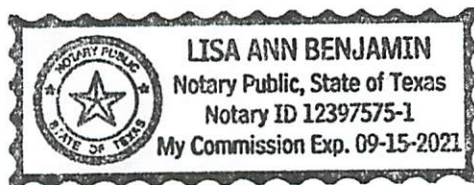
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO 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	

☐ Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>0 (Itemized)</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>8,100-</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>0</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>8,100-</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

18 AFFIDAVIT



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.

J. Chapa

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Justin R. Chapa, this the 27th day of November, 20 17, to certify which, witness my hand and seal of office.

Lisa Ann Benjamin

Signature of officer administering oath

Lisa Ann Benjamin Admin. Asst. to Sect.

Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>Justin R. Chapa</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>8,100-</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <i>2,750-</i>
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 1/5

2 FILER NAME Justin R. Chapa

3 Filer ID (Ethics Commission Filers)

4 Date 11/14/17

5 Full name of contributor ☐ out-of-state PAC (ID#:

Dan Malone

7 Amount of contribution (\$)

\$1,000 -

6 Contributor address; City; State; Zip Code

[REDACTED] Arlington, TX 76003

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#:

Amount of contribution (\$)

11/15/17

Robert and Terri Chapa

\$100 -

Contributor address; City; State; Zip Code

[REDACTED] Arlington, TX 76017

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#:

Amount of contribution (\$)

11/20/17

Ruth Beasley

\$1,500 -

Contributor address; City; State; Zip Code

[REDACTED] DWG, TX 76016

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#:

Amount of contribution (\$)

11/20/17

Kathy Engeltson

\$1,100 -

Contributor address; City; State; Zip Code

[REDACTED] Arlington, TX 76017

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 2/5

2 FILER NAME Justin R. Chapa

3 Filer ID (Ethics Commission Filers)

4 Date 11/20/17

5 Full name of contributor ☐ out-of-state PAC (ID#:

Marcello Chapa

7 Amount of contribution (\$)

\$ 50 -

6 Contributor address; City; State; Zip Code
[REDACTED], Euless, TX 76040

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#:

Amount of contribution (\$)

11/21/17

Roel Chapa

\$ 300 -

Contributor address; City; State; Zip Code

[REDACTED], Arlington, TX 76017

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#:

Amount of contribution (\$)

11/22/17

Belia Chapa

\$ 100 -

Contributor address; City; State; Zip Code

[REDACTED], Arlington, TX 76017

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#:

Amount of contribution (\$)

11/24/17

John and Mary Hibbs

\$ 200 -

Contributor address; City; State; Zip Code

[REDACTED], Arlington, TX 76016

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>3/5</u>
2 FILER NAME <u>Justin R. Chapa</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>11/24/17</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Jessica Chapa</u> 6 Contributor address; City; State; Zip Code <u>[REDACTED], Arlington, TX 76013</u>	7 Amount of contribution (\$) <u>\$100 -</u>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>11/24/17</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Matt Shechtman</u> Contributor address; City; State; Zip Code <u>[REDACTED], Brookhaven, GA 30319</u>	Amount of contribution (\$) <u>\$1,000 -</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>11/24/17</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Nick and Barbara Heizer</u> Contributor address; City; State; Zip Code <u>[REDACTED], Arlington, TX 76016</u>	Amount of contribution (\$) <u>\$500 -</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>11/24/17</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Josh and Lauren Houston</u> Contributor address; City; State; Zip Code <u>[REDACTED], Arlington, TX 76013</u>	Amount of contribution (\$) <u>\$250</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 4/5

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

11/24/17

Connie Holland

6 Contributor address;

City; State; Zip Code

[REDACTED], Arlington, TX 76017

\$ 50 -

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

11/25/17

Brock and Emory Klein

Contributor address;

City; State; Zip Code

[REDACTED], Arlington, TX 76015

\$ 250 -

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

11/25/17

Chad and Jay Bates

Contributor address;

City; State; Zip Code

[REDACTED], Arlington, TX 76012

\$ 500 -

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

11/27/17

Natalie Cooley

Contributor address;

City; State; Zip Code

[REDACTED], Dallas, TX 75206

\$ 150 -

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 5/5

2 FILER NAME Justin R. Chapa

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

11/27/17

Gara and Brandon Hill

6 Contributor address;

City; State; Zip Code

\$500 -

[REDACTED], Arlington, TX 76016

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

11/24/17

Krista and Micah Grant

Contributor address;

City; State; Zip Code

\$200 -

[REDACTED], Arlington, TX 76016

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

11/27/17

Abigail Noebels

Contributor address;

City; State; Zip Code

\$250 -

[REDACTED], Houston, TX 77006

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

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.

PLEDGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B: 1/2

2 FILER NAME Justin R. Chapo

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES

\$ 0

5 Date

11/15/17

6 Full name of pledgor ☐ out-of-state PAC (ID#:

Cera and Ryan Holder

7 Pledgor address; City; State; Zip Code

[REDACTED] Kennedale, TX 76060

8 Amount of Pledge \$

\$500 -

9 In-kind contribution description

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

Date

11/17/17

Full name of pledgor ☐ out-of-state PAC (ID#:

David and Herbie Wilbanks

Pledgor address; City; State; Zip Code

[REDACTED] Arlington, TX 76012

Amount of Pledge \$

\$750

In-kind contribution description

☐ Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/20/17

Full name of pledgor ☐ out-of-state PAC (ID#:

Andrew and Anna Pie

Pledgor address; City; State; Zip Code

[REDACTED] Arlington, TX 76016

Amount of Pledge \$

\$500 -

In-kind contribution description

☐ Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/24/17

Full name of pledgor ☐ out-of-state PAC (ID#:

Laura and Jimmy Jones

Pledgor address; City; State; Zip Code

[REDACTED] Gordon, TX 76453

Amount of Pledge \$

\$500 -

In-kind contribution description

☐ Check if travel outside of Texas. Complete Schedule T.

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.

PLEDGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B: 2/2

2 FILER NAME Justin R. Chapa

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES

\$ 0

5 Date 11/24/17

6 Full name of pledgor ☐ out-of-state PAC (ID#): Sotero Regalado III

8 Amount of Pledge \$ 150-

9 In-kind contribution description

7 Pledgor address; City; State; Zip Code [Redacted], Brownsville, TX 78522

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

Date

Full name of pledgor ☐ out-of-state PAC (ID#): Tony and Julie Pompa

Amount of Pledge \$

In-kind contribution description

11/24/17 Pledgor address; City; State; Zip Code [Redacted], Arlington, TX 76017

\$ 200-

☐ Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor ☐ out-of-state PAC (ID#): Heath and Lindsey Chapa

Amount of Pledge \$

In-kind contribution description

11/24/17 Pledgor address; City; State; Zip Code [Redacted], Mansfield, TX 76063

\$ 100-

☐ Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor ☐ out-of-state PAC (ID#): Sheria Smith

Amount of Pledge \$

In-kind contribution description

11/24/17 Pledgor address; City; State; Zip Code [Redacted], Dallas, TX 75202

\$ 50-

☐ Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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