

# 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: **20**

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

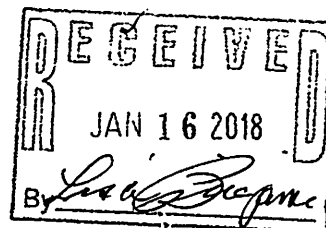
LAST

SUFFIX

Mr. Justin R  
Chapa

OFFICE USE ONLY

Date Received



4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

2212 Racquet club ct,  
Arlington, TX 76017

☐ Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817) 919-2611

Date (Hand-delivered or Date Postmarked)

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Mrs. Gara Hill

Receipt #

Amount \$

Date Processed

Date Imaged

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



January 15



30th day before election



Runoff



15th day after campaign  
treasurer appointment  
(Officeholder Only)



July 15



8th day before election



Exceeded \$500 limit



Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month

Day

Year

11 / 28 / 17

THROUGH

Month

Day

Year

01 / 15 / 18

11 ELECTION

ELECTION DATE

Month

Day

Year

05 / 05 / 18

ELECTION TYPE



Primary



Runoff



Other  
Description



General



Special

12 OFFICE

OFFICE HELD (if any)

Trustee, Arlington ISD  
Place 5

13 OFFICE SOUGHT (if known)

Trustee, Arlington ISD  
Place 5

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

*Justin 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

☐ GENERAL

☐ 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

\$ *Itemized*

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ *9,700.91*

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ *Itemized*

4. TOTAL POLITICAL EXPENDITURES

\$ *703.56*

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

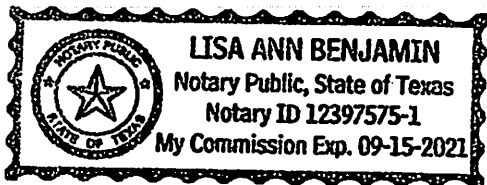
\$ *17,186.66*

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ *0*

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 Chapa*, this the *16* day of *January*, 20 *17*, to certify which, witness my hand and seal of office.

*Lisa Ann Benjamin*

*Lisa Ann Benjamin*

*Admin Asst to Supt.*

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

Justin Chapa

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 9,440.00
2.	<input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 260.91
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 353.34
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 checked="" type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 350.22
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: 1/11

2 FILER NAME Justin Chapa

3 Filer ID (Ethics Commission Filers)

4 Date  
12/4/17

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

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code

\$200 -

[REDACTED], San Antonio, TX 78215

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#:  
Michelle Ku and Daniel Hill

Amount of contribution (\$)

12/11/17

Contributor address; City; State; Zip Code

\$300 -

[REDACTED], Dallas, TX 75231

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#:  
Andrew and Anna Pie /

Amount of contribution (\$)

12/13/17

Contributor address; City; State; Zip Code

\$250 -

[REDACTED], Arlington, TX 76016

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

12/15/17

Contributor address; City; State; Zip Code

\$100 -

[REDACTED], Alexandria, VA 22310

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: 2/11

2 FILER NAME *Justin Chapa*

3 Filer ID (Ethics Commission Filers)

4 Date  
*12/14/17*

5 Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
*Jay Smith*

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code  
*[REDACTED], Watertown, MA 02472*

*\$100 -*

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
*12/16/17*

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
*Clay Pell*

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
*[REDACTED], Providence, RI 02906*

*\$250 -*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
*12/16/17*

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
*Jose Villanueva*

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
*[REDACTED], Houston, TX 77016*

*\$40 -*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
*12/18/17*

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
*Stephanie Killian*

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
*[REDACTED], Hoboken, NJ 07030*

*\$100 -*

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: **3/11**

2 FILER NAME

**Justin Chapa**

3 Filer ID (Ethics Commission Filers)

4 Date

**12/19/17**

5 Full name of contributor

**Jamie Gullins**

☐ out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

**\$ 500 -**

6 Contributor address;

City; State; Zip Code

**[REDACTED], Austin, TX 78739**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

**12/19/17**

Full name of contributor

**Sheria Smith**

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**\$ 50 -**

Contributor address;

City; State; Zip Code

**[REDACTED], Dallas, TX 75202**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**12/20/17**

Full name of contributor

**Linda Dipert**

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**\$ 250 -**

Contributor address;

City; State; Zip Code

**[REDACTED], Arlington, TX 76013**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**12/20/17**

Full name of contributor

**Don Dipert**

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**\$ 250 -**

Contributor address;

City; State; Zip Code

**[REDACTED], Arlington, TX 76013**

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: 4/11

2 FILER NAME Justin Chapa

3 Filer ID (Ethics Commission Filers)

4 Date 12/21/17

5 Full name of contributor Anne Foley ☐ out-of-state PAC (ID#)

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code  
[REDACTED], South Grafton, MA 01560

\$50 -

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date 12/26/17

Full name of contributor David Monteiro ☐ out-of-state PAC (ID#)

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
[REDACTED], Dallas, TX 75209

\$500 -

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 12/27/17

Full name of contributor Mike Correll ☐ out-of-state PAC (ID#)

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
[REDACTED], Dallas, TX 75207

\$100 -

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 12/27/17

Full name of contributor Dr. Asim Saeed ☐ out-of-state PAC (ID#)

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
[REDACTED], Dallas, TX 75208

\$500 -

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: 5/11

2 FILER NAME Justin Chapa

3 Filer ID (Ethics Commission Filers)

4 Date  
12/28/17

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

Kathy Engbretson

7 Amount of contribution (\$)

\$100-

6 Contributor address; City; State; Zip Code

[REDACTED], Arlington, TX 76017

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

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

Amount of contribution (\$)

12/29/17

Danny Ashby

\$500-

Contributor address; City; State; Zip Code

[REDACTED], Dallas, TX 75201

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

12/29/17

David Wilbanks

\$500-

Contributor address; City; State; Zip Code

[REDACTED], Arlington, TX 76012

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

12/29/17

Ruth Beasley

\$500-

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: 6/11

2 FILER NAME Justin Chapa

3 Filer ID (Ethics Commission Filers)

4 Date

12/29/17

5 Full name of contributor

☐ out-of-state PAC (ID#:

Christopher "Heath" Chapa

7 Amount of contribution (\$)

\$100-

6 Contributor address;

City; State; Zip Code

[REDACTED], Mansfield, TX 76063

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/30/17

Full name of contributor

☐ out-of-state PAC (ID#:

Megan Whisler

Amount of contribution (\$)

\$100-

Contributor address;

City; State; Zip Code

[REDACTED], Dallas, TX 75223

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/31/17

Full name of contributor

☐ out-of-state PAC (ID#:

Laura and Jimmy Jones

Amount of contribution (\$)

\$500-

Contributor address;

City; State; Zip Code

[REDACTED], Gordon, TX 76453

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/31/17

Full name of contributor

☐ out-of-state PAC (ID#:

Sotero Regalado III

Amount of contribution (\$)

\$150-

Contributor address;

City; State; Zip Code

[REDACTED], Brownsville, TX 78521

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: 2/11

2 FILER NAME Justin Chapa

3 Filer ID (Ethics Commission Filers)

4 Date 12/31/17

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

7 Amount of contribution (\$)

Dario Mendoza

\$100-

6 Contributor address; City; State; Zip Code  
[REDACTED], Colleyville, TX 76034

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

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

Amount of contribution (\$)

1/2/18

Jordana Mosten

\$50-

Contributor address; City; State; Zip Code

[REDACTED], Encino, CA 91316

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

1/2/18

Jennifer Ayers

\$25-

Contributor address; City; State; Zip Code

[REDACTED], Dallas, TX 75230

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

1/2/18

Linda Rangel

\$25-

Contributor address; City; State; Zip Code

[REDACTED], Oceanside, CA 92054

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: 8/11

2 FILER NAME Justin Chapa

3 Filer ID (Ethics Commission Filers)

4 Date 1/2/18

5 Full name of contributor ☐ out-of-state PAC (ID#; \_\_\_\_\_)  
Brian Bader

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code  
[REDACTED], Arlington, TX 76012

\$500-

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#; \_\_\_\_\_)  
Christina Johnston

Amount of contribution (\$)

1/3/18

Contributor address; City; State; Zip Code  
[REDACTED], Arlington, TX 76001

\$25-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#; \_\_\_\_\_)  
James Williams

Amount of contribution (\$)

1/4/18

Contributor address; City; State; Zip Code  
[REDACTED], San Jose, CA 95125

\$250-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#; \_\_\_\_\_)  
Steve Korotash

Amount of contribution (\$)

1/5/18

Contributor address; City; State; Zip Code  
[REDACTED], Mansfield, TX 76063

\$250-

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: 9/11
2 FILER NAME Justin Chapa		3 Filer ID (Ethics Commission Filers)
4 Date 1/6/18	5 Full name of contributor Amy Cearna <input type="checkbox"/> out-of-state PAC (ID#: 6 Contributor address; City; State; Zip Code [REDACTED], Arlington, TX 76013	7 Amount of contribution (\$) \$50 -
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/10/18	Full name of contributor Carl and Lisa Cravens <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code [REDACTED], Arlington, TX 76013	Amount of contribution (\$) \$100 -
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/11/18	Full name of contributor Jose Villarreal <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code [REDACTED], Houston, TX 77016	Amount of contribution (\$) \$50 -
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/11/18	Full name of contributor Samantha Chamberlain <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code [REDACTED], Carrollton, TX 75006	Amount of contribution (\$) \$25 -
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: 10/11

2 FILER NAME

Justin Chapa

3 Filer ID (Ethics Commission Filers)

4 Date

1/11/18

5 Full name of contributor

Gerri Bock

☐ out-of-state PAC (ID#)

7 Amount of contribution (\$)

\$100-

6 Contributor address;

City; State; Zip Code

[REDACTED], Los Altos, CA 94024

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1/11/18

Full name of contributor

Cheryl and Billy Stewart

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

\$50-

Contributor address;

City; State; Zip Code

[REDACTED], Arlington, TX 76010

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/11/18

Full name of contributor

Andrea Guengerich

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

\$50-

Contributor address;

City; State; Zip Code

[REDACTED], Austin, TX 78741

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/12/18

Full name of contributor

Lori Russell-Siemer

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

\$50-

Contributor address;

City; State; Zip Code

[REDACTED], Arlington, TX 76001

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: 11/11

2 FILER NAME

Justin Chapa

3 Filer ID (Ethics Commission Filers)

4 Date

1/13/18

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Cole and Ann Ballweg

7 Amount of contribution (\$)

\$1,000 -

6 Contributor address;

City; State; Zip Code

[REDACTED], Arlington, TX 76013

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1/13/18

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Ben Kendrick

Amount of contribution (\$)

\$500 -

Contributor address;

City; State; Zip Code

[REDACTED], Alvarado, TX 76009

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/15/18

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Judd Stone

Amount of contribution (\$)

\$250 -

Contributor address;

City; State; Zip Code

[REDACTED], Arlington, VA 22201

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.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 1/1	
2 FILER NAME Justin Chapa		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0	
5 Date 1/6/18	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Justin Chapa	8 Amount of Contribution \$ 29.40	9 In-kind contribution description Stamps
7 Contributor address; City; State; Zip Code 2212 Racquet Club Ct., Arlington, TX 76017		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date 1/9/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Justin Chapa	Amount of Contribution \$ 231.51	In-kind contribution description Internet Domain Registration*
Contributor address; City; State; Zip Code 2212 Racquet Club Ct., Arlington, TX 76017		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

\* Reported as an in-kind contribution to reflect conversion of existing domains purchased for personal use in the past are being converted to campaign purposes.

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## 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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>1/3</b>		2 FILER NAME <b>Justin Chapa</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>12/15/17</b>		5 Payee name <b>Anedot</b>			
6 Amount (\$) <b>\$ 4.30</b>		7 Payee address; City; State; Zip Code <b>P.O. Box 84314, Baton Rouge, LA 70884</b>			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) <b>Solicitation / Fundraising Expense</b>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>Fees to online fundraising vendor</b>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	
Date <b>12/17/17</b>		Payee name <b>Anedot</b>			
Amount (\$) <b>\$ 16.50</b>		Payee address; City; State; Zip Code <b>P.O. Box 84314, Baton Rouge, LA 70884</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>Solicitation / Fundraising Expense</b>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>Fees to online fundraising vendor</b>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	
Date <b>12/25/17</b>		Payee name <b>Anedot</b>			
Amount (\$) <b>\$ 29.20</b>		Payee address; City; State; Zip Code <b>P.O. Box 84314, Baton Rouge, LA 70884</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>Solicitation / Fundraising Expense</b>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>Fees to online fundraising vendor</b>	
Complete <u>ONLY</u> 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

## 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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>2/3</b>	2 FILER NAME <b>Justin Chap</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>12/27/17</b>	5 Payee name <b>Southwest Bank</b>	
6 Amount (\$) <b>\$33.24</b>	7 Payee address; City; State; Zip Code <b>3641 Matlock Rd., Arlington, TX 76015</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Accounting/Banking</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>Cost of checks for campaign acct.</b>
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

Date <b>1/1/18</b>	Payee name <b>Anedot</b>	
Amount (\$) <b>\$45.30</b>	Payee address; City; State; Zip Code <b>P.O. Box 84314 Baton Rouge, LA 70884</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Solicitation / Fundraising Expenses</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>Fees to online fundraising vendor</b>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

Date <b>1/8/18</b>	Payee name <b>Anedot</b>	
Amount (\$) <b>\$39.10</b>	Payee address; City; State; Zip Code <b>P.O. Box 84314 Baton Rouge, LA 70884</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Solicitation / Fundraising Expenses</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>Fees to online fundraising vendor</b>
Complete <u>ONLY</u> 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

## 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: <b>3/3</b>	2 FILER NAME <b>Justin Chapa</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>1/15/18</b>	5 Payee name <b>Anedot</b>	
6 Amount (\$) <b>\$85.70</b>	7 Payee address; City; State; Zip Code <b>P.O. Box 84314, Baton Rouge, LA 70884</b>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Solicitation / Fundraising Expense</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>Fees to online fundraising vendor</b>
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date	Payee name
Amount (\$)	Payee address; City; State; Zip Code

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
Amount (\$)	Payee address; City; State; Zip Code

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### 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 G: <b>1/2</b>	2 FILER NAME <b>Justin Chapra</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>12/29/17</b>	5 Payee name <b>Green Apple Lane</b>	
6 Amount (\$) <b>\$257-</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <b>5001 Foycrest Tr., Arlington, TX 76017</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>Logo Design Services</b>
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <b>1/3/18</b>	Payee name <b>Facebook</b>	
Amount (\$) <b>\$3.42</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>1 Hacker Way, Menlo Park, CA 94025</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>Post Production Cost</b>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <b>1/8/18</b>	Payee name <b>Elite Press</b>	
Amount (\$) <b>\$70.20</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>1212 Southwood Blvd., Arlington, TX 76013</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>Stationery</b>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### 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 G: <u>2/2</u>	2 FILER NAME <u>Justin Chapa</u>	3 Filer ID (Ethics Commission Filers)
4 Date: <u>1/13/18</u>	5 Payee name: <u>United States Postal Service</u>	
6 Amount (\$): <u>\$19.60</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <u>1301 Bardin Rd, Arlington, TX 76018</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Other</u>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <u>Postage Stamps</u>
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name _____ Office sought _____ Office held _____		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name _____ Office sought _____ Office held _____		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name _____ Office sought _____ Office held _____		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name _____ Office sought _____ Office held _____		

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