

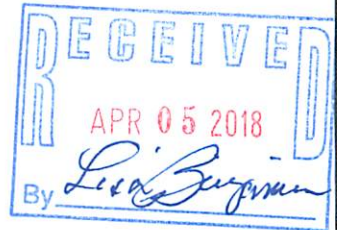
# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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>27</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>Mr.</b> NICKNAME	FIRST <b>Justin</b> LAST	MI <b>R.</b> SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>2212 Racquet Club Ct Arlington, TX 76017</b>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <b>(817)</b>	PHONE NUMBER <b>919-2611</b>	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <b>Mrs.</b> NICKNAME	FIRST <b>Gara</b> LAST	MI <b>Hill</b> SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>4111 Vista Creek Ct. Arlington, TX 76016</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE <b>(817)</b>	PHONE NUMBER <b>681-6114</b>	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 \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year    Month Day Year <b>01 / 16 / 18</b> THROUGH <b>04 / 04 / 18</b>		
11 ELECTION	ELECTION DATE Month Day Year <b>05 / 05 / 18</b>		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any) <b>Trustee, Arlington FSD Place 5</b>		13 OFFICE SOUGHT (if known) <b>Trustee, Arlington FSD Place 5</b>

## OFFICE USE ONLY

Date Received



Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

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

☒ GENERAL

☐ SPECIFIC

COMMITTEE NAME

UEA Good Schools PAC

COMMITTEE ADDRESS

4900 SE Loop 820, # 200, Fort Worth, TX 76140

COMMITTEE CAMPAIGN TREASURER NAME

Rose Elliott

COMMITTEE CAMPAIGN TREASURER ADDRESS

4900 SE Loop 820, # 200, Fort Worth, TX 76140

☐ 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)

\$ 11,180.60

EXPENDITURE  
TOTALS

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

\$ Itemized

4. TOTAL POLITICAL EXPENDITURES

\$ 7,976.85

CONTRIBUTION  
BALANCE

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

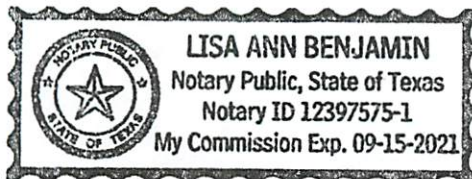
\$ 19,309.05

OUTSTANDING  
LOAN TOTALS

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

\$ 0

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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.

Justin Chapa

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Justin Chapa, this the 5th day of April, 2018, to certify which, witness my hand and seal of office.

Lisa Ann Benjamin

Signature of officer administering oath

Lisa Ann Benjamin

Printed name of officer administering oath

Adm Asst to Supt.

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                           | \$ <i>9,592-</i>   |
| 2.  | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS             | \$ <i>1,588.60</i> |
| 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   | \$ <i>7,459.31</i> |
| 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             | \$ <i>517.54</i>   |
| 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: 4/11
2 FILER NAME Justin Chapa		3 Filer ID (Ethics Commission Filers)
4 Date 1/18/18	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Michelle Muñoz Durk 6 Contributor address; City; State; Zip Code [REDACTED] Brookfield, IL 60513	7 Amount of contribution (\$) \$50-
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/23/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Greg England Contributor address; City; State; Zip Code [REDACTED] Dallas, TX 75205	Amount of contribution (\$) \$750-
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/28/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Eric Salas Contributor address; City; State; Zip Code [REDACTED] Arlington, TX 76013	Amount of contribution (\$) \$100-
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/28/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Russ and Shannon Swindle Contributor address; City; State; Zip Code [REDACTED] Arlington, TX 76017	Amount of contribution (\$) \$25-
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: <b>2/11</b>
2 FILER NAME <b>Justin Chapa</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>1/28/18</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Julie Reinhardt</b>	7 Amount of contribution (\$) <b>\$25-</b>
6 Contributor address; City; State; Zip Code [REDACTED] <b>Fort Worth, Tx 76131</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>1/28/18</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Leslie and Bowie Hagg</b>	Amount of contribution (\$) <b>\$100-</b>
Contributor address; City; State; Zip Code [REDACTED] <b>Arlington, Tx 76012</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>1/28/18</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Gloria Peña</b>	Amount of contribution (\$) <b>\$100-</b>
Contributor address; City; State; Zip Code [REDACTED] <b>Arlington, Tx 76016</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>1/28/18</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Allison and David Farrell</b>	Amount of contribution (\$) <b>\$50-</b>
Contributor address; City; State; Zip Code [REDACTED] <b>Arlington, Tx 76017</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></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: <b>3/11</b>
2 FILER NAME <b>Justin Chapa</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>1/28/18</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Jeri Workman</b> 6 Contributor address; City; State; Zip Code <b>[REDACTED] Arlington, TX 76018</b>	7 Amount of contribution (\$) <b>\$100-</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>1/28/18</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Charles Brady</b> Contributor address; City; State; Zip Code <b>[REDACTED] Arlington, TX 76013</b>	Amount of contribution (\$) <b>\$150-</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>1/28/18</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Belia Chapa</b> Contributor address; City; State; Zip Code <b>[REDACTED] Arlington, TX 76017</b>	Amount of contribution (\$) <b>\$40-</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>1/28/18</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Kelly and Mary Tom Curnutt</b> Contributor address; City; State; Zip Code <b>[REDACTED] Arlington, TX 76013</b>	Amount of contribution (\$) <b>\$250-</b>
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 <i>Justin Chapa</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>1/28/18</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lorie and Brian White</i>	7 Amount of contribution (\$) <i>\$25-</i>
6 Contributor address; City; State; Zip Code [Redacted] <i>Arlington, TX 76015</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <i>1/28/18</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Brian Bader</i>	Amount of contribution (\$) <i>\$150-</i>
Contributor address; City; State; Zip Code [Redacted] <i>Arlington, TX 76012</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>1/28/18</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Glenn Lewis</i>	Amount of contribution (\$) <i>\$200-</i>
Contributor address; City; State; Zip Code [Redacted] <i>Fort Worth, TX 76112</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>2/1/18</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Chau Ngo</i>	Amount of contribution (\$) <i>\$27-</i>
Contributor address; City; State; Zip Code [Redacted] <i>Austin, TX 78704</i>		
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

5 Full name of contributor

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

2/2/18

Phillip Sanders

6 Contributor address;

City; State; Zip Code

\$100-

[REDACTED] New York, NY 10014

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

2/3/18

Barbara Griffin

Contributor address;

City; State; Zip Code

\$50-

[REDACTED] Arlington, TX 76013

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

2/3/18

Tom and Diane Cravens

Contributor address;

City; State; Zip Code

\$250-

[REDACTED] Arlington, TX 76015

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

2/12/18

Chris Hightower

Contributor address;

City; State; Zip Code

\$100-

[REDACTED] Arlington, TX 76006

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

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

2/22/18

Tyler and Kathy Erlandson

\$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 (\$)

2/24/18

Jose Villarreal

\$50-

Contributor address;

City; State; Zip Code

[REDACTED] Houston, TX 77018

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

2/28/18

Amanda Hamilton

\$50-

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 (\$)

3/1/18

Clay Kelley

\$200-

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: 7/11

2 FILER NAME Justin Chapa

3 Filer ID (Ethics Commission Filers)

4 Date  
3/9/18

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

7 Amount of contribution (\$)  
\$25-

6 Contributor address; City; State; Zip Code  
[REDACTED] Arlington, TX 76013

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
3/9/18

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

Amount of contribution (\$)  
\$50-

Contributor address; City; State; Zip Code  
[REDACTED] Falls Church, VA 22042

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
3/16/18

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

Amount of contribution (\$)  
\$2,000-

Contributor address; City; State; Zip Code  
[REDACTED] Fort Worth, TX 76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
3/22/18

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
TREPAC / Texas Assoc. of Realtors Political Action Committee

Amount of contribution (\$)  
\$2,000-

Contributor address; City; State; Zip Code  
P.O. Box 2246, Austin, TX 78768

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 3/23/18

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

7 Amount of contribution (\$) \$250-

6 Contributor address; City; State; Zip Code  
[Redacted] Arlington, TX 76016

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date 3/24/18

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

Amount of contribution (\$) \$50-

Contributor address; City; State; Zip Code  
[Redacted] Houston, TX 77018

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 3/26/18

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

Amount of contribution (\$) \$500-

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 3/27/18

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

Amount of contribution (\$) \$100-

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: 9/11
2 FILER NAME Justin Chapa		3 Filer ID (Ethics Commission Filers)
4 Date 3/29/18	5 Full name of contributor David Crawford <input type="checkbox"/> out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code [REDACTED] Fort Worth, TX 76132	7 Amount of contribution (\$) \$100-
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/29/18	Full name of contributor Mike Jarrett <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code [REDACTED] Arlington, TX 76016	Amount of contribution (\$) \$100-
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/29/18	Full name of contributor Elizabeth Banda-Calvo <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code [REDACTED] Cedar Hill, TX 75104	Amount of contribution (\$) \$50-
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/29/18	Full name of contributor Kathy Woods <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code [REDACTED] Arlington, TX 76001	Amount of contribution (\$) \$500-
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></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 3/20/18

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

7 Amount of contribution (\$)

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

\$250-

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date 3/30/18

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
[Redacted] Dallas, TX 75206

\$100-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 3/31/18

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

Amount of contribution (\$)

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

\$125-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 4/4/18

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
[Redacted] Arlington, TX 76016

\$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: <b>11/11</b>
2 FILER NAME <b>Justin Chapa</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4/4/18</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Doug Hafer</b>	7 Amount of contribution (\$) <b>\$250-</b>
6 Contributor address; City; State; Zip Code <div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div> <b>Arlington, Tx 76013</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  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.



# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <u>1/4</u>	
2 FILER NAME <u>Justin Chapa</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>0</u>	
5 Date <u>1/22/18</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Paul Fults</u>	8 Amount of Contribution \$ <u>\$75-</u>	9 In-kind contribution description <u>Banner with Logo</u>
7 Contributor address; City; State; Zip Code <u>[REDACTED] Arlington, TX 76013</u>		<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 <u>1/28/18</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Lauren Houston d/b/a Edited Press</u>	Amount of Contribution \$ <u>\$275-</u>	In-kind contribution description <u>Materials and decor for kickoff</u>
Contributor address; City; State; Zip Code <u>1212 Southwood Blvd., Arlington, TX 76013</u>		<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)			

**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: <b>2/4</b>	
2 FILER NAME <b>Justin Chapa</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>0</b>	
5 Date <b>1/28/18</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Kathryn Haubold J/L/c Howell Family</b> 7 Contributor address; City; State; Zip Code <b>Farals</b> <b>4016 W. Division St., Arlington, TX 76012</b>	8 Amount of Contribution \$ <b>\$500</b>	9 In-kind contribution description <b>Venue Rental Fee/costs</b>
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 <b>1/28/18</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Ruth Beasley</b> Contributor address; City; State; Zip Code <b>[REDACTED] Arlington, TX 76010</b>	Amount of Contribution \$ <b>\$300-</b>	In-kind contribution description <b>Cookies for Campaign Kickoff</b>
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)			

**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: <b>3/4</b>	
2 FILER NAME <b>Justin Chapa</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>0</b>	
5 Date <b>2/28/18</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Carrie &amp; Stephen Sawyer d/bk Stain'd Print Co.</b> 7 Contributor address: City: State: Zip Code <b>3110 Yellowstone Dr., Arlington, TX 76013</b>	8 Amount of Contribution \$ <b>\$150-</b>	9 In-kind contribution description <b>campaign t-shirts</b>
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
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 <b>3/31/18</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Bob Beasley</b> Contributor address: City: State: Zip Code <b>[REDACTED] Arlington, TX 76016</b>	Amount of Contribution \$ <b>\$15.36</b>	In-kind contribution description <b>screws and washers for road signs</b>
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
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)			

**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: <b>4/4</b>	
2 FILER NAME <b>Justin Chapa</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>0</b>	
5 Date <b>4/4/18</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jamie Sullivan</b>	8 Amount of Contribution \$ <b>\$ 273.24</b>	9 In-kind contribution description <b>Meet and Greet Food &amp; Drinks</b>
7 Contributor address; City; State; Zip Code		<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	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
		<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)			

**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

## 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>1/6</b>	2 FILER NAME <b>Justin Chapa</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>1/23/18</b>	5 Payee name <b>AneLot</b>	
6 Amount (\$) <b>\$2.30</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>1/28/18</b>		
Payee name <b>Stain'd Print Company</b>		
Amount (\$) <b>\$850.50</b>		
Payee address; City; State; Zip Code <b>3110 Yellowstone Dr., Arlington, TX 76013</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising 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>Campaign t-shirts</b>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date <b>1/28/18</b>		
Payee name <b>Sugar Bee Sweets Bakery</b>		
Amount (\$) <b>\$251.42</b>		
Payee address; City; State; Zip Code <b>201 N. East St., Arlington, TX 76011</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Event 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>Dessert for campaign kickoff</b>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# 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>2/6</b>	2 FILER NAME <b>Justin Chapa</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>1/28/18</b>	5 Payee name <b>Awesome Catering</b>	
6 Amount (\$) <b>\$1,010-</b>	7 Payee address; City; State; Zip Code <b>2716 W. Division St., Arlington, TX 76012</b>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Event 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>Catering for campaign kickoff</b>
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>1/29/18</b>	Payee name <b>Williams Sign Co.</b>	
Amount (\$) <b>\$503.36</b>	Payee address; City; State; Zip Code <b>3933 E. California Pkwy., Fort Worth, TX 76119</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Printing 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>Road and Yard Signs</b>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>1/29/18</b>	Payee name <b>Anedot</b>	
Amount (\$) <b>\$137.20</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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# 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>3/6</b>	2 FILER NAME <b>Justin Chapa</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>1/29/18</b>	5 Payee name <b>Edited Press</b>	
6 Amount (\$) <b>\$150-</b>	7 Payee address; City; State; Zip Code <b>1212 Southwood Blvd., Arlington, TX 76013</b>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Event 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>Materials and decor for campaign kickoff event</b>
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

Date <b>2/2/18</b>	Payee name <b>Green Apple Lane</b>	
Amount (\$) <b>\$388.80</b>	Payee address; City; State; Zip Code <b>5001 Ivycrest Tr., Arlington, TX 76017</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Consulting 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>Website Design Services</b>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

Date <b>2/6/18</b>	Payee name <b>Anedot</b>	
Amount (\$) <b>\$5.68</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		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# 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>4/6</b>		2 FILER NAME <b>Justin Chapa</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>2/12/18</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>2/26/18</b>		Payee name <b>Anedot</b>			
Amount (\$) <b>\$6.60</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>3/7/18</b>		Payee name <b>Anedot</b>			
Amount (\$) <b>\$10.60</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				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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>5/6</b>	2 FILER NAME <b>Justin Chapa</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>3/9/18</b>	5 Payee name <b>Williams Sign Co.</b>	
6 Amount (\$) <b>\$4,173.85</b>	7 Payee address; City; State; Zip Code <b>3933 E. California Hwy., Fort Worth, TX 76119</b>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) 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>Road and Yard Signs</b>
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

Date <b>3/14/18</b>	Payee name <b>Anedot</b>	
Amount (\$) <b>\$3.60</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>3/27/18</b>	Payee name <b>Anedot</b>	
Amount (\$) <b>\$22.60</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		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# 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.

<b>1</b> Total pages Schedule F1: <u>6/6</u>	<b>2</b> FILER NAME <u>Justin Chapa</u>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <u>4/3/18</u>	<b>5</b> Payee name <u>Anedo +</u>	
<b>6</b> Amount (\$) <u>\$38.50</u>	<b>7</b> Payee address; City; State; Zip Code <u>P.O. Box 84314, Baton Rouge, LA 70884</u>	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <u>Solicitation / Fundraising Expense</u>	<b>(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 <u>Fees to Online Fundraising Vendor</u>
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>	
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
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>	
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
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>	
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
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>	

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



# 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>1/3</b>	2 FILER NAME <b>Justin Chapa</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>1/26/18</b>	5 Payee name <b>Facebook</b>	
6 Amount (\$) <b>\$21.58</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <b>1 Hacker Way, Menlo Park, CA 94025</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>Post Promotion Costs</b>
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>1/28/18</b>	Payee name <b>Home Depot</b>	
Amount (\$) <b>\$25.60</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>4611 S. Cooper St., Arlington, TX 76017</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>Sign Supplies</b>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>2/3/18</b>	Payee name <b>Facebook</b>	
Amount (\$) <b>\$30.37</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 Promotion Costs</b>
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 PERSONAL FUNDS

## SCHEDULE G

### 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 G: <i>2/3</i>	2 FILER NAME <i>Justin Chapa</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>2/27/18</i>	5 Payee name <i>United States Postal Service</i>	
6 Amount (\$) <i>\$50-</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>3903 Melear Dr., Arlington, TX 76015</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>other</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Roll of Postage Stamps</i>
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name	Office sought	Office held

Date <i>2/27/18</i>	Payee name <i>Facebook</i>	
Amount (\$) <i>\$50-</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>1 Hacker Way, Menlo Park, CA 94025</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Post Promotion Costs</i>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name	Office sought	Office held

Date <i>3/1/18</i>	Payee name <i>Green Apple Lane</i>	
Amount (\$) <i>\$300-</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>5001 Trycrest Tr., Arlington, TX 76017</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Consulting and Advertising Expenses</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Website Design and Hosting Costs</i>
Complete <u>ONLY</u> 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 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>3/3</b>	2 FILER NAME <b>Justin Chapa</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>3/3/18</b>	5 Payee name <b>Facebook</b>	
6 Amount (\$) <b>\$ 8.63</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <b>1 Hacker Way, Menlo Park, CA 94025</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>Post Promotion Costs</b>
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name	Office sought	Office held

Date <b>4/3/18</b>	Payee name <b>Facebook</b>	
Amount (\$) <b>\$ 27.06</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 Promotion Costs</b>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name	Office sought	Office held

Date <b>4/4/18</b>	Payee name <b>Walgreens</b>	
Amount (\$) <b>\$ 4.30-</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>2420 W. Arkansas Ln., Arlington, TX 76013</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Other</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>Pens and Envelopes</b>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED