

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: 9
3 CANDIDATE / OFFICEHOLDER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR Mr.</div> <div>FIRST Justin</div> <div>MI R</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>NICKNAME</div> <div>LAST Chapa</div> <div>SUFFIX</div> </div>	<div style="border: 1px solid black; padding: 5px;"> OFFICE USE ONLY Date Received <div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED JAN 07 2019 By LaBoramin </div> </div>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	<div style="display: flex; justify-content: space-between;"> <div>ADDRESS / PO BOX; 2212 Racquet Club Ct.</div> <div>APT / SUITE #;</div> <div>CITY; Arlington, TX</div> <div>STATE; 76017</div> <div>ZIP CODE</div> </div>		
5 CANDIDATE / OFFICEHOLDER PHONE	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE (817)</div> <div>PHONE NUMBER 919-2611</div> <div>EXTENSION</div> </div>		
6 CAMPAIGN TREASURER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR Mrs.</div> <div>FIRST Gara</div> <div>MI</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>NICKNAME</div> <div>LAST Hill</div> <div>SUFFIX</div> </div>	<div style="border: 1px solid black; padding: 5px;"> Date <u>Hand-delivered</u> or Date Postmarked <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>Receipt #</div> <div>Amount \$</div> </div> <div style="margin-top: 5px;">Date Processed</div> <div style="margin-top: 5px;">Date Imaged</div> </div>	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	<div style="display: flex; justify-content: space-between;"> <div>STREET ADDRESS (NO PO BOX PLEASE); 4111 Vista Creek Ct.</div> <div>APT / SUITE #;</div> <div>CITY; Arlington, TX</div> <div>STATE; 76016</div> <div>ZIP CODE</div> </div>		
8 CAMPAIGN TREASURER PHONE	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE (817)</div> <div>PHONE NUMBER 681-6114</div> <div>EXTENSION</div> </div>		
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input checked="" type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded \$500 limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>		
10 PERIOD COVERED	<div style="display: flex; justify-content: space-between;"> <div> Month Day Year 07 / 01 / 18 </div> <div>THROUGH</div> <div> Month Day Year 12 / 31 / 2018 </div> </div>		
11 ELECTION	<div style="display: flex; justify-content: space-between;"> <div> ELECTION DATE Month Day Year 05 / 04 / 2019 </div> <div> ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special </div> </div>		
12 OFFICE	OFFICE HELD (if any) Trustee, Place 5 Arlington TSD	13 OFFICE SOUGHT (if known) Trustee, Place 5 Arlington TSD	

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)

\$ 5,850.00

EXPENDITURE
TOTALS

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

\$ Itemized

4. TOTAL POLITICAL EXPENDITURES

\$ 1,573.07

CONTRIBUTION
BALANCE

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

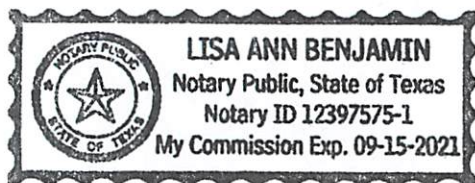
\$ 21,747.07

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.

J. Chapa

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Justin Chapa, this the 7th
day of January, 20 19, 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

Admin Asst to Supt.

Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>Justin Chapa</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>5,850.00</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
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>1,573.07</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 type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 1/5

2 FILER NAME Justin Chapa

3 Filer ID (Ethics Commission Filers)

4 Date
12/19/18

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

7 Amount of contribution (\$)

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

\$50-

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

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

Amount of contribution (\$)

12/26/18

Contributor address; City; State; Zip Code

[REDACTED] Arlington, TX 76016

\$100-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#:
J.D. Kendrick

Amount of contribution (\$)

12/26/18

Contributor address; City; State; Zip Code

[REDACTED] Alvarado, TX 76009

\$100-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

12/28/18

Contributor address; City; State; Zip Code

[REDACTED] Fairview, TX 75069

\$750-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2/5
2 FILER NAME Justin Chapa		3 Filer ID (Ethics Commission Filers)
4 Date 12/29/18	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marcello Chapa 6 Contributor address; City; State; Zip Code [REDACTED] Euless, TX 76040	7 Amount of contribution (\$) \$50 -
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/29/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Montaño Contributor address; City; State; Zip Code [REDACTED] San Antonio, TX 78215	Amount of contribution (\$) \$250 -
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/29/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matt Shechtman Contributor address; City; State; Zip Code [REDACTED] Atlanta, GA 30319	Amount of contribution (\$) \$1,000 -
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/29/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillip Sanders Contributor address; City; State; Zip Code [REDACTED] New York, NY 10014	Amount of contribution (\$) \$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: **3/5**

2 FILER NAME **Justin Chapa**

3 Filer ID (Ethics Commission Filers)

4 Date

12/30/18

5 Full name of contributor

Greg Jackson

☐ out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$100 -

6 Contributor address;

City;

State;

Zip Code

[REDACTED] Dallas, TX 75205

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/30/18

Full name of contributor

Jessica and Jacob Ervin

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$50 -

Contributor address;

City;

State;

Zip Code

[REDACTED] Mansfield, TX 76063

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/30/18

Full name of contributor

Brandon and Gara Hill

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$500 -

Contributor address;

City;

State;

Zip Code

[REDACTED] Arlington, TX 76016

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/30/18

Full name of contributor

Roel Chapa

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$50 -

Contributor address;

City;

State;

Zip Code

[REDACTED] Arlington, TX 76018

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4/5
2 FILER NAME Justin Chapa		3 Filer ID (Ethics Commission Filers)
4 Date 12/30/18	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terri and Robert Chapa	7 Amount of contribution (\$) \$50-
6 Contributor address; City; State; Zip Code [REDACTED] Arlington, TX 76017		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/31/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kathryn Engebretson	Amount of contribution (\$) \$1,000-
Contributor address; City; State; Zip Code [REDACTED] Arlington, TX 76017		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/31/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Monteiro	Amount of contribution (\$) \$500-
Contributor address; City; State; Zip Code [REDACTED] Dallas, TX 75209		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/31/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jane and Frank Alexander	Amount of contribution (\$) \$250-
Contributor address; City; State; Zip Code [REDACTED] Arlington, TX 76013		
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: **5/5**

2 FILER NAME **Justin Chapa**

3 Filer ID (Ethics Commission Filers)

4 Date
12/31/18

5 Full name of contributor ☐ out-of-state PAC (ID#: _____)
Cera and Ryan Holder

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
[REDACTED] **Arlington, TX 76017**

\$ 100 -

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
12/31/18

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

Amount of contribution (\$)

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

\$ 250 -

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
12/31/18

Full name of contributor ☐ out-of-state PAC (ID#: _____)
Eric Salas

Amount of contribution (\$)

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

\$ 200 -

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
12/31/18

Full name of contributor ☐ out-of-state PAC (ID#: _____)
Barbara and Nick Heizer

Amount of contribution (\$)

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

\$ 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.

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: 1	2 FILER NAME Justin Chapa	3 Filer ID (Ethics Commission Filers)
4 Date 7/1/18	5 Payee name Justin Chapa	
6 Amount (\$) \$1,432.57	7 Payee address; City; State; Zip Code 2212 Racquet Club Ct, Arlington, TX 76017	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Reimbursement, for all Schedule G expenses to date	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense As indicated on Schedule G forms filed prior to 7/1/18
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12/24/18	Payee name Ane dot	
Amount (\$) \$2.30	Payee address; City; State; Zip Code 1920 McKinney Ave., 7th Floor, Dallas, TX 75201	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation / Fundraising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees to online fundraising vendor
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12/31/18	Payee name Ane dot	
Amount (\$) \$138.20	Payee address; City; State; Zip Code 1920 McKinney Ave., 7th Floor, Dallas, TX 75201	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation / Fundraising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees to online fundraising vendor
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