# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 21	
3 CANDIDATE / OFFICEHOLDER	Mr. Justin	мі <b>К</b> .	OFFICE USE ONLY	
NAME	NICKNAME Chapa	• SUFFIX	Date Received CEIVED	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	2212 Racquet club ct. Arlington, TX 76017	8.	JAN 1 3 2022 BY: Longamen	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER  (817) 919-2611	EXTENSION	Date Hand-delivered or Date Postmarked  Receipt #   Amount \$	
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST Gara	<b>r</b> .	Date Processed	
6	NICKNAME LAST	SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / S 4111 Victa Creek ct.	*	STATE; ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION  (817)681-6114			
9 REPORT TYPE	January 15 30th day before 6	- Supported Medified	15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year  O→ / O			
11 ELECTION	Month Day Year Primary  OT 07 22 General	Description		
12 OFFICE	Truster, Places, ATS	13 OFFICE SOUGHT (if known	)	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.			
	COMMITTEE TYPE   COMMITTEE NAME			
Additional Pages	GENERAL COMMITTEE ADDRESS			
82	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME			
	COMMITTEE CAMPAIGN TREASURER ADDRESS			
	GO TO	PAGE 2		

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

0, 11111, 11101		
15 C/OH NAME	Tustin Chapa	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	s Itemized	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ Itemized \$ 12,410
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	s I temised
	4. TOTAL POLITICAL EXPENDITURES	\$ 754.65
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	\$41,933.19
OUTSTANDING LOAN TOTALS	<ol> <li>TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD</li> </ol>	F THE \$
	Please complete either option below	undid <mark>a</mark> te or Officeholder
(1) Affidavit	Please complete either option below  Lisa Ann Benjamin  Notary Public, State of Texas	v:
NOTARY STAMP	Notary ID 12397575-1 My Commission Exp. 09-15-2025	
action and the control of the contro	A	13th day of January,
	which witness my hand and seal of office.  Lisa Ann Benjamin Adm	ija Asst. to Supt.
Signature of officer administe	ering oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declarati	on	
My name is	, and my date of birth is	
Section 1995		
	(street) (city) (	state) (zip code) (country)
Executed in	County, State of , on the day of (mont	, 20 (year)
	Signature of Candi	date/Officeholder (Declarant)

# SUBTOTALS - C/OH

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

19	FILER NAME Jush Clupa  20 Filer ID (Ethics Com	nmission Filers)
	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 12,610
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 400
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	s 754.65
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

## SCHEDULE A1

If the reques	sted information is not applicable, DO NOT include this page in the	report.
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Justin Chapa	3 Filer ID (Ethics Commission Filers)
4 Date  9/6/21	5 Full name of contributor out-of-state PAC (ID#:)  David Trevino  6 Contributor address; City; State; Zip Code  Fulers, TX 76031	7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instructions)	aions)
Date	Full name of contributor out-of-state PAC (ID#:)  Natalie Parker	Amount of contribution (\$)
7/16/21	Contributor address: City: State: Zip Code  , Dallas, Tx 75238	\$ 100-
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)
Principal accur		Amount of contribution (\$)
Fillicipal occup	Zation 7 300 title (See Instructions)	autis)
P/n/21	Full name of contributor out-of-state PAC (ID#:)  Briana Bianco  Contributor address; City; State; Zip Code  Alingtm, TX 76019	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	ctions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	NEEDED

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

If the requested information is not applicable, DO NOT include this page in the	e report.		
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 2/2/		
2 FILER NAME Justin Chapa	3 Filer ID (Ethics Commission Filers)		
4 Date  5 Full name of contributor out-of-state PAC (ID#:)  Christine Wilton  6 Contributor address; City: State; Zip Code  Alimfon, Tx 76	7 Amount of contribution (\$)  # 100 —		
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instru	ctions)		
Date Full name of contributor out-of-state PAC (ID#:)  Ola L. Blanca Ayak	Amount of contribution (\$)		
8/20/21 Contributor address; City; State; Zip Code  Arlington, TX 76215	125 -		
Principal occupation / Job title (See Instructions)  Employer (See Instru	ctions)		
Shelly Brady  Contributor address; City; State; Zip Code  Arlington, TK 76 w	Amount of contribution (\$)		
Principal occupation / Job title (See Instructions) Employer (See Instru	ctions)		
Plus   2   Full name of contributor out-of-state PAC (ID#)  Plus   2   Contributor address; City; State; Zip Code  Arlington, 7x 3	Amount of contribution (\$)  Bar-		
Principal occupation / Job title (See Instructions) Employer (See Instru	ctions)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS	NEEDED		
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

If the reques	sted information is not applica	ble, DO NOT include this page in th	e report.
The	Instruction Guide explains how	to complete this form.	1 Total pages Schedule A1: 3/2 (
2 FILER NAME	Justin Chapa	į –	3 Filer ID (Ethics Commission Filers)
4 Date 8/2/21 8 Principal occur	5 Full name of contributor  Abigail Badurigh  6 Contributor address;  pation / Job title (See Instructions)	City; State; Zip Code	2
Principal occup	Full name of contributor  Vane SSA Garcia  Contributor address;  pation / Job title (See Instructions)	City; State; Zip Code  Grand Prairie, 7k 7505  Employer (See Instru	8 /8D - 2
Date  6/20/21  Principal occup	Full name of contributor  Laura ForeSisky  Contributor address;  pation / Job title (See Instructions)	City; State; Zip Code  Alington TY 76001  Employer (See Instri	025-
Principal occup	Full name of contributor  Kimber y Lley J  Contributor address;  pation / Job title (See Instructions)	Out-of-state PAC (ID#:	Amount of contribution (\$)  ### Amount of contribution (\$)  ### Amount of contribution (\$)  #### Amount of contribution (\$)
		TIONAL COPIES OF THIS SCHEDULE AS	

If the requested information is not applicable, DO NOT include this page in the	report.
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 4/2 (
2 FILER NAME Justin Chip	3 Filer ID (Ethics Commission Filers)
4 Date  5 Full name of contributor out-of-state PAC (ID#:)  R/21/21 6 Contributor address; City; State; Zip Code  Ablington, TX 768/3	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date Full name of contributor out-of-state PAC (ID#:)  Laura Harvisin Fordsisky	Amount of contribution (\$)
9 3 21 Contributor address; City; State; Zip Code , Alington, Tx 76001	\$05-
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)
Date  Full name of contributor out-of-state PAC (ID#:)  Wary Ann Weaner	Amount of contribution (\$)
9 7 21 Contributor address; City; State; Zip Code  Alington, Tx 760x (	N 200 -
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)
Date Full name of contributor out-of-state PAC (ID#:)  ValueSS& Montage	Amount of contribution (\$)
Contributor address; City; State; Zip Code  Ar Uhatha, To 76012	4 (00)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see Instruction guide for additional r	

#### SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.			
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 5/21		
2 FILER NAME Justin Chapa	3 Filer ID (Ethics Commission Filers)		
4 Date 5 Full name of contributor out-of-state PAC (ID#:)  Step manic and Aaron May o	7 Amount of contribution (\$)		
[2/29/2] 6 Contributor address; City: State: Zip Code  Arlington, TX 760/6	\$500-		
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instruc	ctions)		
Date Full name of contributor out-of-state PAC (ID#:)  John Liber	Amount of contribution (\$)		
12 /3//1 Contributor address; City; State; Zip Code Southlake, Tx 76092	4500-		
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	etions)		
Date Full name of contributor out-of-state PAC (ID#:)  Dan and Genovera Maline	Amount of contribution (\$)		
2 31 2 Contributor address; City; State; Zip Code	# 100-		
Principal occupation / Job title (See Instructions)  Employer (See Instructions)			
Date Full name of contributor out-of-state PAC (ID#:)  Jamie Huffman	Amount of contribution (\$)		
Contributor address; City; State; Zip Code	\$ 100-		
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	stions)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

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

#### SCHEDULE A1

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 6/2/	
2 FILER NAME Justin Chapa	3 Filer ID (Ethics Commission Filers)	
4 Date  5 Full name of contributor  Brock and Emm, Klein  6 Contributor address; City: State: Zip Code  Aling to TX 7601  8 Principal occupation / Job title (See Instructions)  9 Employer (See Instructions)	4	
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)	
Contributor address; City; State; Zip Code	A 100 -	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)		
Date  Full name of contributor out-of-state PAC (ID#	# 100-	
Principal occupation / Job title (See Instructions) Employer (See	Instructions)	
Date  Full name of contributor  Cuth Beesley  Contributor address;  City; State; Zip Code  Aliny for, Tx 7  Principal occupation / Job title (See Instructions)  Employer (See	16016	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

If the reques	sted information is not applicable, DO NOT include this pa	ge in the report.
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 7/2.1
2 FILER NAME	Justin Chapa	3 Filer ID (Ethics Commission Filers)
4 Date  12/31/21  8 Principal occu	5 Full name of contributor  Bob Reasty  6 Contributor address;  City; State; Zip  Adm ton, Ta	6 100 —
8 Fillicipal occu	ganon 7 300 title (See instructions)	see instructions)
Date	Full name of contributor out-of-state PAC (ID#	Amount of contribution (s)
1/5/22	Contributor address; City; State; Zip  Ar Imp An, 7k	000
Principal occup		See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
1/5/22	Contributor address; City; State; Zip	Code 450 —
Principal occup		See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
1/5/22	Paige Hermann  Contributor address; City; State: Zip C	A L
Principal occup	pation / Job title (See Instructions)  Employer (	See Instructions)
1.	ATTACH ADDITIONAL COPIES OF THIS SCHE If contributor is out-of-state PAC, please see Instruction guide for	

#### SCHEDULE A1

, and an advantage of the second of the seco	portroposos.
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 8/21
2 FILER NAME Justin Chapa	3 Filer ID (Ethics Commission Filers)
4 Date  5 Full name of contributor out-of-state PAC (ID#:)  Vene ta WISAN  6 Contributor address; City; State; Zip Code  A lington, Tx 76010	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instruct	ions)
Date  Full name of contributor  Corliss Bunkley  Contributor address;  City; State; Zip Code	Amount of contribution (S)
Principal occupation / Job title (See Instructions)  City: State: Zip Code  Almtn, Tk 76012  Employer (See Instructions)	ions)
	(1000) edo:
Date  Full name of contributor   out-of-state PAC (ID#:)  Natalie farks  Contributor address; City; State; Zip Code  Ar lighter, TX 76812	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date  Full name of contributor  Jean: fer lungef shy  Contributor address;  City; State: Zip Code  Almaton, Tk 76010  Principal occupation / Job title (See Instructions)  Employer (See Instructions)	Amount of contribution (\$)
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#### SCHEDULE A1

if the requested information is not applicable, bo NOT include this page in t	петероп.
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 9/21
2 FILER NAME Justin Chapa	3 Filer ID (Ethics Commission Filers)
4 Date  5 Full name of contributor out-of-state PAC (ID#:  1/5/22 6 Contributor address; City; State; Zip Code  Falls Church, VA 2204	4 100-
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	tructions)
Date Full name of contributor  Abiga:   Brutwight  Contributor address; City; State; Zip Code	Amount of contribution (\$)
Contributor address; City; State; Zip Code  For How to, Tx  Principal occupation / Job title (See Instructions)  Employer (See Inst	76112
Date  Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)  A 100 -
Principal occupation / Job title (See Instructions) Employer (See Inst	tructions)
Date Full name of contributor Heather 7isby Contributor address; City; State; Zip Code  Mans Reld, TK 7600	40-5-
Principal occupation / Job title (See Instructions) Employer (See Inst	tructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE A  If contributor is out-of-state PAC, please see Instruction guide for addition	

If the requested information is not applicable, DO NOT include this page in the report.					
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 10/21				
2 FILER NAME Justin Chapa	3 Filer ID (Ethics Commission Filers)				
4 Date 5 Full name of contributor out-of-state PAC (ID#:)  7. Anna Cardo2a	7 Amount of contribution (\$)				
1/5/22 6 Contributor address; City; State; Zip Code  Arlington, TX 76017	\$ 100-				
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	tions)				
Date Full name of contributor out-of-state PAC (ID#:)  Reba Blevens	Amount of contribution (\$)				
Contributor address; City; State; Zip Code	4250-				
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	tions)				
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)				
1/5/21 Contributor address; City; State; Zip Code  A ling for, Tk 76015	4 los -				
Principal occupation / Job title (See Instructions)  Employer (See Instructions)					
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)				
Jayme Thomas  Contributor address; City; State; Zip Code  Arlington, Tx 7601.	450-				
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	tions)				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N					

## SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the	report.
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 11
2 FILER NAME Justa Chapa	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
1/5/22 Contributor address; City: State; Zip Code  1/5/22 Contributor address; City: State; Zip Code  1/4 Lip ton, Tx 76817	a 25-
Principal occupation / Job title (See Instructions) Employer (See Instruct	iions)
Date  Full name of contributor  Samuella Chambulia  Contributor address;  City;  State;  Zip Code  (arcellan, Tx 75006)	Amount of contribution (S)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	lions)
Date  Full name of contributor  Cale Ballweg  Contributor address;  City; State; Zip Code  Fort Wayth, Tx 76/07	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	tions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	EEDED

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

If the reques	sted information is not applica	ble, DO NOT it	nclude this page in the	report.
The	Instruction Guide explains how	to complete thi	s form.	1 Total pages Schedule A1: 12 21
2 FILER NAME	Justin Chapa			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor  Cap ( Crayens  6 Contributor address;	out-of-state PA	C (ID#:) State; Zip Code	7 Amount of contribution (\$)
101-		Arlina	ton, Tx 76013	
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date	Stephanie kill	1	C (ID#:)	Amount of contribution (\$)
1/6/22	Contributor address;	City;	State; Zip Code	\$ 100-
Dringing aggre	petian / Jah title /See Instructions)	Hobsken	NJ 17070 Employer (See Instruc	tions\
Findipal occup	pation / Job title (See Instructions)		Employer (See Instruc	uons)
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
1/6/22	Contributor address;	City;	State; Zip Code	N 100 -
		Wesh	ing ton p.c., 20010	)
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor  Anne Folia	out-of-state PA	C (ID#:)	Amount of contribution (\$)
1/6/22	Contributor address;	City;	State; Zip Code	# 100-
Principal occur	pation / Job title (See Instructions)	nua Graf	Employer (See Instruc	tions)
V. David Additions				0.0004
	ATTACH ADDIT		OF THIS SCHEDULE AS No ruction guide for additional	

If the requested information is not applicable, DO NOT include this page in the	e report.
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 13 2
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 (\$)  8 25 -
B Philippi occupation 7 500 title (See Instituctions)	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
William Van der Touw Contributor address; City; State; Zip Code	A 100-
Principal occupation / Job title (See Instructions)  Employer (See Instru	uctions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Christine Walton  Contributor address: City; State; Zip Code  Arlington, TX 7600	# 100 -
Principal occupation / Job title (See Instructions)  Employer (See Instru	
Date  Full name of contributor  EV-e Spay d  L/ /20	Amount of contribution (\$)
1/6/22 Contributor address; City; State; Zip Code , Elgin, Tx 78621	1500-
Principal occupation / Job title (See Instructions)  Employer (See Instru	uctions)
r.	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS	

#### SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Justin Chapa	3 Filer ID (Ethics Commission Filers)
4 Date 1/6/22  8 Principal occu	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
6 Fillicipal occu	gation 7 300 title (See instructions)	ilucions)
Date 1/6/22	Full name of contributor out-of-state PAC (ID#:	_) Amount of contribution (\$)
1/6/22	Contributor address; City; State; Zip Code  Arling ton, TX 16012	150-
Principal occup	pation / Job title (See Instructions) Employer (See Ins	
Date	Full name of contributor	,
1/6/22	Contributor address; City; State; Zip Code  Ar lington, Tk 7	A 100 -
Principal occup	pation / Job title (See Instructions) Employer (See Ins	
Date	Full name of contributor out-of-state PAC (ID#:	_) Amount of contribution (\$)
1/6/22	Contributor address; City; State; Zip Code  , Dallas, Ty 75-22-5	\$ 1,000 -
Principal occup	pation / Job title (See Instructions) Employer (See Ins	tructions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE A	

#### SCHEDULE A1

ii tiio roquot	ned information to not approache, 20 to 1 metade and page in the	, opera
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 15/21
2 FILER NAME	Justin Chapa	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)  Blake Hill	7 Amount of contribution (\$)
1/6/22	6 Contributor address; City; State; Zip Code  , Yan + is, TX 754 97	\$250-
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:)  Colleen Crocker	Amount of contribution (\$)
1/6/22	Contributor address; City; State; Zip Code	125-
Principal occup	pation / Job title (See Instructions)  Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
1/6/22	Jamie Williams  Contributor address; City: State; Zip Code  Ranfey, Ty 76013	# 50-
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor	Amount of contribution (\$)
1/7/22	Contributor address; City; State; Zip Code  (Kennetcle, TX 76360)	825-
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	

## SCHEDULE A1

If the requested	d information is not applicab	le, DO NOT inc	clude this page in the	report.
The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: 6	
2 FILER NAME	Justin Chaps	(		3 Filer ID (Ethics Commission Filers)
1/7/22 6	Full name of contributor  Or. Allison Farrel  Contributor address;	City;	State; Zip Code	7 Amount of contribution (\$)
8 Principal occupat	ion / Job title (See Instructions)	,	9 Employer (See Instruc	tions)
Date	Jose Villa Mea	out-of-state PAC	(ID#:)	Amount of contribution (\$)
1/3/22	Contributor address;	City:	State; Zip Code	# 100-
Principal occupation	on / Job title (See Instructions)	1100011	Employer (See Instruc	tions)
1 14/22	Full name of contributor  Jikk: Mohumed -  Contributor address;  Anon / Job title (See Instructions)	Fawzy City:	State; Zip Code  (X 76 & 2  Employer (See Instruc	
Data				
Principal occupati	Full name of contributor  Abigail Noebels  Contributor address;  on / Job title (See Instructions)	City;	State; Zip Code  Tx 77696  Employer (See Instruc	Amount of contribution (\$)
			DF THIS SCHEDULE AS N	
l	f contributor is out-of-state PAC,	, please see Instru	uction guide for additional	reporting requirements.

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 8/17/2020

If the reques	sted information is not applicable,	DO NOT IN	clude this page in the	report.
The	Instruction Guide explains how to o	complete this	form.	1 Total pages Schedule A1: (1
2 FILER NAME	Justin Chapa			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor  Clay Kelley  6 Contributor address;		State; Zip Code	\$ 220 -
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date	Melissa Lavine	out-of-state PAC		Amount of contribution (\$)
1/1/22	Contributor address;	City;	State; Zip Code TK 760/3	A 100-
Principal occup	pation / Job title (See Instructions)	ingrou,	Employer (See Instruc	tions)
Date	1	out-of-state PAC	(ID#:)	Amount of contribution (\$)
1/2/22	Contributor address;		State; Zip Code  Tx 760(7	\$50-
Principal occup	pation / Job title (See Instructions)	,	Employer (See Instruc	tions)
Date	200	out-of-state PAC	(ID#:)	Amount of contribution (\$)
1/7/22	Susan Simpson Contributor address;	city; Arling	State: Zip Code	#250-
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	tions)
	ATTACH ADDITION		OF THIS SCHEDULE AS N	

If the requested information is not applicable, DO NOT include this page in the	report.
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME Justin Chapa	3 Filer ID (Ethics Commission Filers)
4 Date  5 Full name of contributor out-of-state PAC (ID#:)  White Simpson  6 Contributor address; City; State; Zip Code  Alington, TX Holl  8 Principal occupation / Job title (See Instructions)  9 Employer (See Instructions)	6
Date Full name of contributor out-of-state PAC (ID#:)  Maccal Records - Do allocate	Amount of contribution (S)
Mary Birdseye - Douthitt  Contributor address; City; State; Zip Code	11/0-
Ar lington, Tx 768 (3  Principal occupation / Job title (See Instructions)  Employer (See Instructions)	iions)
Date Full name of contributor out-of-state PAC (ID#:)  Randy Hendrichs	Amount of contribution (\$)
Contributor address: City; State; Zip Code  Allow to Tx 76015	\$50-
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	tions)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
1/8/22 James Williams Contributor address; City; State; Zip Code	-026W
Principal occupation / Job title (See Instructions)  San Jose CA 95125  Employer (See Instruc	tions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see Instruction guide for additional i	

If the requested information is not applicable, DO NOT include this page in the report.					
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 19				
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 (\$)				
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instruc	tions)				
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)				
Contributor address; City; State; Zip Code  Fort Worth, 7x, 76103	B 100 -				
Principal occupation / Job title (See Instructions)  Employer (See Instruc	tions)				
Date Full name of contributor out-of-state PAC (ID#:)  Victor Cru 2	Amount of contribution (\$)				
Contributor address; City; State; Zip Code , Plane, TX 75024	# 1,000 -				
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	tions)				
Date Full name of contributor out-of-state PAC (ID#:)  Chris Hightwer	Amount of contribution (\$)				
City; State; Zip Code  A line to 7, 7x, 76 ook	8500-				
Principal occupation / Job title (See Instructions) Employer (See Instruc					
	8				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see Instruction guide for additional	and the second s				

If the requi	ested information is not applica	ble, DO NOT In	clude this page in the	report.
Th	e Instruction Guide explains how	1 Total pages Schedule A1: 20/2		
2 FILER NAM	Justin Chape	1		3 Filer ID (Ethics Commission Filers)
4 Date				7 Amount of contribution (\$)
1/15/20	6 Contributor address;	City; Dallas	State: Zip Code  Tk 15218	4508-
8 Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date	Full name of contributor		C (ID#:)	Amount of contribution (\$)
1/11/22	Contributor address;	City;	State; Zip Code	N 50 -
Principal occ	upation / Job title (See Instructions)	j eje tra	Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
1/11/22		City;	State; Zip Code	M500_
Principal occ	upation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor Claire knaler	out-of-state PA	C (ID#:)	Amount of contribution (\$)
1/11/22		City:	State: Zip Code	A 100-
Principal occ	upation / Job title (See Instructions)		Employer (See Instruc	tions)
	ATTACH ADDI  If contributor is out-of-state PA		OF THIS SCHEDULE AS Note that the control of the co	

If the reques	ted information is not applica	able, DO NOT in	clude this page in the	report.
The	Instruction Guide explains how	w to complete this	s form.	1 Total pages Schedule A1: 2/21
2 FILER NAME	Justin Ch	apa	į.	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor  Sheila Avusto  6 Contributor address;	City;	State; Zip Code	7 Amount of contribution (\$)
8 Principal occup	pation / Job title (See Instructions	)	9 Employer (See Instruc	tions)
Date	Full name of contributor  Robert Lewis  Contributor address;	Section 1	C (ID#:)	Amount of contribution (\$)
1/12/22			State; Zip Code	81250-
Principal occup	ation / Job title (See Instructions)		CA 94904 Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)	)	Employer (See Instruc	tions)
			1	
	ATTACH ADDI		OF THIS SCHEDULE AS Note that the second sec	

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

#### SCHEDULE A2

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

The Instruction Guide explains how to complete this form	n. 1 Total pages Schedule A2:
2 FILER NAME Justin Chapa	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS \$
5 Date  6 Full name of contributor out-of-state PAC (ID#:	8 Amount of Contribution \$ In-kind contribution description  Zip Code 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)
<b>16</b> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
Date  Full name of contributor	Amount of Contribution \$ I In-kind contribution description  Zip Code  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)	
ATTA OLI ADDITIONAL GODIEG GET	

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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

If the requested into	If the requested information is not applicable, DO NOT include this page in the report.			
EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME Justin Ch	aja	3 Filer ID (Ethics Commission Filers)	
4 Date 3/nhi	5 Payee name Aredot, Fuc.			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
\$ 1.30	1340 Poytos St., Suite	1770, New Orlean	15, LA 70/12	
8	(a) Category (See Categories listed at the top of this sci	hedule) (b) Description	15 - 1 1	
PURPOSE	Solicitation / Fundrais	ma reel to c	nline transfailing	
OF EXPENDITURE	Expense	Vends		
	(c) Check if travel outside of Texas. Complete Scho	edule T. Check if Austin,	TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date_	Payee name			
7/20/21	Anedst, Inc.			
Amount (\$)	Payee address;	City;	State; Zip Code	
8 4.30 1340 Pay Las St., Site 1770. New Orleans, LA 70112				
		edule) Description	1997 (1997)	
PURPOSE	Solicitation Fundraisi	fees to oul	ine fundraising	
OF EXPENDITURE	Exerce	Vos	lac	
EXPENDITORE	Check if travel outside of Texas. Complete Sch	edule T. Check if Austin,	TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
8/23/21	Payee name  Anedot, Inc.			
Amount (\$)	Payee address;	City;	State; Zip Code	
\$ 23.30	1340 Poydras St., Suite 1=	770, New Orleans	1, LA 70112	
PURPOSE OF EXPENDITURE	1340 Poydras St. Suite F Category (See Categories listed at the top of this sch Solicitation / Flandraising Expense	Description  Fees to on	line Fundraising	
EX ENDITORE		odula T Chack if Austin	TY officeholder living expense	
	Check if travel outside of Texas. Complete Sch		TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

if the requested information is not applicable, DO NOT include this page in the report.			
EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Offic Food/Beverage Expense Pollii y Gift/Awards/Memorials Expense Print	n Repayment/Reimbursement to Overhead/Rental Expense ing Expense ting Expense tries/Wages/Contract Labor v to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Justin Cha	pa	3 Filer ID (Ethics Commission Filers)
4 Date 9 6/2 (	5 Payee name Ane tot, Fuc.		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$ 1.30	1340 Paylors St., Suite 177	D. New Or leans	, LA 70112
8	(a) Category (See Categories listed at the top of this schedu		Alle
PURPOSE OF	Solicitation / Fundraising	rees to only	he fundraising
EXPENDITURE	Expense	Ve	Jor
	(c) Check if travel outside of Texas. Complete Schedule	T. Check if Austi	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
9/13/21	Aredot, Inc.		
Amount (\$)	Payee address;	City;	State; Zip Code
\$ 20.30	1340 Pay Las 61, Site 17	70, New Orlean	16. LA 701/2
PURPOSE	Salicitation / Fundrailing		line tendraising
OF EXPENDITURE	Exame	Ven	Jor
	Check if travel outside of Texas. Complete Schedule	e T. Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10/12/21	Anedst, Inc		
Amount (\$)	Payee address;	City;	State; Zip Code
\$ 4.30	1340 Paperas St., Suite D	770, New Or	lears, CA 701/2
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule Solicitation / Fundraility) Exmax	Description  Fee! to bu	line fordraisty
	Check if travel outside of Texas. Complete Schedule	eT. Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

	ormanor to trot approacto, 2 0 tro t	merane ame page at the re	70		
	EXPENDITURE CATE	GORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ns how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME JUSTA C	hapa	3 Filer ID (Ethics Commission Filers)		
4 Date   0   9   2	5 Payee name Dallas Hispan	nic Bar Assoc.			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
\$ 266.85	2101 Ross Ave. Da	11145 , TX 7520)			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this  Donation by 8 Heeks	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	contribution for uz event		
	(c) Check if travel outside of Texas. Complete S	Schedule T. Check if Austi	in, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	Office held		
Date 12/31/21	Payee name Are Lot, Inc.				
Amount (\$)	Payee address;	City;	State; Zip Code		
Q 53.50	1340 Poydras St., Sui	te 1770, New 0,	rleans, LA 70112		
PURPOSE OF EXPENDITURE	Solicition/fundaish Expan		Pescription Fees to unline fundraising Vendor		
	Check if travel outside of Texas. Complete S	Schedule T. Check if Austi	in, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
1/6/22	Ane tot, Inc.				
Amount (\$)	Payee address;	City;	State; Zip Code		
\$ 59.80	1340 Paydras St., Suite	1770, New Orle			
PURPOSE OF EXPENDITURE	Solt Chip   Fundamin		live fundraising dor		
	Check if travel outside of Texas. Complete 9	Schedule T. Check if Austi	in, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	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 Credit Card Payment	Fees Office Overh Food/Beverage Expense Polling Expe ions Made By Gift/Awards/Memorials Expense loder/Political Committee Legal Services Salaries/Wat		Solicitation/Fundraisir Transportation Equipr Travel In District Travel Out Of District Other (enter a categor	nent & Related Expense
[7]	The Instruction Guide explains how to co	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME JUSTIN Chap	4	3 Filer ID (Ethics	Commission Filers)
4 Date 1 /8/22	5 Payee name And Lot, Inc.			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$ 176.10	1340 Pay dras St., Snite 177	, New Or	leans, LA	70/12
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF	Solicitation/fundraising	tees to	online for	adrailing
EXPENDITURE	Expense	V-é	wdo/	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
1/10/22	Ane to time			
Amount (\$)	Payee address;	City;	State;	Zip Code
8121,20	1340 Paytras St., Suite 1790,	New orke	ans, LA 7	01/2
	Category (See Categories listed at the top of this schedule)	Description	line fam	raildage
PURPOSE OF	Solicitation / Fundamily	feel to	line rand	
EXPENDITURE	Expunc	Ue Ve	nder	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
1/13/22	Anedot, Inc.			
Amount (\$)	Payee address;	City;	State;	Zip Code
# 122.40	1340 Paydra 1 St., Fruite 1770, Category (See Categories listed at the top of this schedule) Solicitotion / Fundraising	New Orlea	ns, LA 70	112
	Category (See Categories listed at the top of this schedule)	Description	. 0 1	-
PURPOSE OF	Solicitation / Fundraising	reel to oal	We turda	Lind
EXPENDITURE	~ kpente		masr	
0 1. 0	Check if travel outside of Texas. Complete Schedule T.		n, TX, officeholder living	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
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