

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: 29								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr. FIRST Justin MI K. NICKNAME LAST SUFFIX Chapa		OFFICE USE ONLY Date Received <div style="font-size: 2em; color: blue; font-weight: bold;">RECEIVED</div> <div style="color: red; font-weight: bold;">JAN 13 2022</div> BY: <i>[Signature]</i> Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged								
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2212 Racquet Club Ct. Arlington, TX 76017										
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 919-2611										
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs. FIRST Gara MI R. NICKNAME LAST SUFFIX Hill										
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4111 Vista Creek Ct., Arlington, TX 76016										
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 681-6114										
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input 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 Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)										
10 PERIOD COVERED	Month Day Year Month Day Year 07 / 01 / 21 THROUGH 01 / 13 / 22										
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description 05 / 07 / 22 <input checked="" type="checkbox"/> General <input type="checkbox"/> Special										
12 OFFICE	OFFICE HELD (if any) Trustee, Places, ATSD	13 OFFICE SOUGHT (if known) Same									
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	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. <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; padding: 5px;">COMMITTEE TYPE</td> <td style="padding: 5px;">COMMITTEE NAME</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> GENERAL</td> <td style="padding: 5px;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> SPECIFIC</td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE	COMMITTEE NAME										
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS										
<input type="checkbox"/> 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

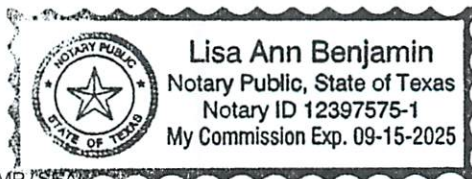
15 C/OH NAME <u>Justin Chapa</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>Itemized</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>12,410</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>Itemized</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>754.65</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>41,933.19</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

18 SIGNATURE 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

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Justin Chapa this the 13th day of January, 2022 to certify which witness my hand and seal of office.
Lisa Ann Benjamin Lisa Ann Benjamin Admin Asst. to Sept.
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.
 My address is _____, _____, _____, _____, _____.
 (street) (city) (state) (zip code) (country)
 Executed in _____ County, State of _____, on the _____ day of _____, 20____.
 (month) (year)

 Signature of Candidate/Officeholder (Declarant)

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>12,010</i>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>400</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>754.65</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

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: 1/21
2 FILER NAME Justin Chapa		3 Filer ID (Ethics Commission Filers)
4 Date 7/6/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Treviño	7 Amount of contribution (\$) \$25-
6 Contributor address; City; State; Zip Code [REDACTED] Eulers, TX 76039		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 7/16/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Natalie Parker	Amount of contribution (\$) \$100-
Contributor address; City; State; Zip Code [REDACTED] , Dallas, TX 75238		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/19/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jennifer Darnell	Amount of contribution (\$) \$25-
Contributor address; City; State; Zip Code [REDACTED] , Arlington, TX 76013		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/19/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Briana Bianco	Amount of contribution (\$) \$25-
Contributor address; City; State; Zip Code [REDACTED] , Arlington, TX 76018		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2/21
2 FILER NAME Justin Chapa		3 Filer ID (Ethics Commission Filers)
4 Date 8/19/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christine Walton	7 Amount of contribution (\$) \$100 -
6 Contributor address; City; State; Zip Code [REDACTED] Arlington, TX 76001		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 8/20/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rianca Ayala	Amount of contribution (\$) \$25 -
Contributor address; City; State; Zip Code [REDACTED] Arlington, TX 76015		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/20/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shelly Brady	Amount of contribution (\$) \$25 -
Contributor address; City; State; Zip Code [REDACTED] Arlington, TX 76006		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/20/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deidre Carlton	Amount of contribution (\$) \$25 -
Contributor address; City; State; Zip Code [REDACTED] Arlington, TX 76016		
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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3/21
2 FILER NAME Justin Chapa		3 Filer ID (Ethics Commission Filers)
4 Date 8/20/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abigail Baxterwright	7 Amount of contribution (\$) \$25-
6 Contributor address; City; State; Zip Code [REDACTED] Fairbairn, TX 76112		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 8/20/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vanessa Garcia	Amount of contribution (\$) \$100-
Contributor address; City; State; Zip Code [REDACTED] Grand Prairie, TX 75052		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/20/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laura Forosisky	Amount of contribution (\$) \$25-
Contributor address; City; State; Zip Code [REDACTED] Arlington, TX 76001		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/20/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kimberly Lloyd	Amount of contribution (\$) \$100-
Contributor address; City; State; Zip Code [REDACTED] Arlington, TX 76006		
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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4/21
2 FILER NAME Justin Chap		3 Filer ID (Ethics Commission Filers)
4 Date 9/21/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kacie Elwood	7 Amount of contribution (\$) 825-
6 Contributor address; City; State; Zip Code [Redacted], Arlington, TX 76012		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/3/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laura Harvison Forosisky	Amount of contribution (\$) 105-
Contributor address; City; State; Zip Code [Redacted], Arlington, TX 76001		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/7/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary Ann Weaver	Amount of contribution (\$) 1500-
Contributor address; City; State; Zip Code [Redacted], Arlington, TX 76001		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/6/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vanessa Montoya	Amount of contribution (\$) 100-
Contributor address; City; State; Zip Code [Redacted], Arlington, TX 76012		
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

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 Chapo		3 Filer ID (Ethics Commission Filers)
4 Date 12/29/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephanie and Aaron Mayo	7 Amount of contribution (\$) \$500 -
6 Contributor address; City; State; Zip Code [REDACTED], Arlington, TX 76016		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 12/31/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Kober	Amount of contribution (\$) \$500 -
Contributor address; City; State; Zip Code [REDACTED], Southlake, TX 76092		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 12/31/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dan and Genovera Malone	Amount of contribution (\$) \$100 -
Contributor address; City; State; Zip Code [REDACTED], Arlington, TX 76017		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 12/31/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jamie Huffman	Amount of contribution (\$) \$100 -
Contributor address; City; State; Zip Code [REDACTED], Philadelphia, PA 19106		
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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6/21
2 FILER NAME Justin Chapa		3 Filer ID (Ethics Commission Filers)
4 Date 12/31/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brock and Emmy Klein	7 Amount of contribution (\$) \$100-
6 Contributor address; City; State; Zip Code [Redacted], Arlington, TX 76015		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/31/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JD Hendrick	Amount of contribution (\$) \$100-
Contributor address; City; State; Zip Code [Redacted], Alvarado, TX 76009		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/31/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tiffany Chatham	Amount of contribution (\$) \$100-
Contributor address; City; State; Zip Code [Redacted], Alvarado, TX 76009		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/31/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruth Beasley	Amount of contribution (\$) \$100-
Contributor address; City; State; Zip Code [Redacted], Arlington, TX 76016		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7/21
2 FILER NAME Justin Chapa		3 Filer ID (Ethics Commission Filers)
4 Date 12/31/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Bob Beasley	7 Amount of contribution (\$) \$ 100 -
6 Contributor address; City; State; Zip Code [REDACTED], Arlington, TX 76010		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/5/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Courtney Parksdale Perez	Amount of contribution (\$) \$ 250 -
Contributor address; City; State; Zip Code [REDACTED], Arlington, TX 76005		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/5/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Laura Herrmann	Amount of contribution (\$) \$ 50 -
Contributor address; City; State; Zip Code [REDACTED], Arlington, TX 76013		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/5/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Paige Herrmann	Amount of contribution (\$) \$ 100 -
Contributor address; City; State; Zip Code [REDACTED], Arl., TX 76006		
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

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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 1/5/22	5 Full name of contributor Venetia Wilson <input type="checkbox"/> out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code [Redacted] Arlington, TX 76010	7 Amount of contribution (\$) \$25-
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/5/22	Full name of contributor Corliss Bunkley <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code [Redacted] Arlington, TX 76012	Amount of contribution (\$) \$25-
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/5/22	Full name of contributor Natalie Parks <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code [Redacted] Arlington, TX 76012	Amount of contribution (\$) \$50-
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/5/22	Full name of contributor Jennifer Lopetsky <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code [Redacted] Arlington, TX 76010	Amount of contribution (\$) \$100-
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

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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 1/5/22	5 Full name of contributor Jason Lurie <input type="checkbox"/> out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code [REDACTED], Falls Church, VA 22042	7 Amount of contribution (\$) \$ 100-
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/5/22	Full name of contributor Abigail Boatwright <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code [REDACTED], Fort Worth, TX 76112	Amount of contribution (\$) \$ 25-
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/5/22	Full name of contributor Misty Lockhart <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code [REDACTED], Grand Prairie, TX 75054	Amount of contribution (\$) \$ 100-
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/5/22	Full name of contributor Heather Tisby <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code [REDACTED], Mansfield, TX 76063	Amount of contribution (\$) \$ 25-
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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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 1/5/22	5 Full name of contributor J. Anna Cardoza <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) \$100-
6 Contributor address; [REDACTED] City; State; Zip Code Arlington, TX 76017		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/5/22	Full name of contributor Reba Bleven's <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$250-
Contributor address; [REDACTED] City; State; Zip Code Arlington, TX 76001		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/5/22	Full name of contributor Karen Mack <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$100-
Contributor address; [REDACTED] City; State; Zip Code Arlington, TX 76015		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/5/22	Full name of contributor Jayme Thomas <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$50-
Contributor address; [REDACTED] City; State; Zip Code Arlington, TX 76015		
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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 11/21
2 FILER NAME Justin Chapa		3 Filer ID (Ethics Commission Filers)
4 Date 1/5/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lyndsay Mitchell	7 Amount of contribution (\$) \$25-
6 Contributor address; City; State; Zip Code [Redacted], Arlington, TX 76016		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/5/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Janet Nye	Amount of contribution (\$) \$25-
Contributor address; City; State; Zip Code [Redacted], Arlington, TX 76017		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/6/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Samantha Chamberlain	Amount of contribution (\$) \$50-
Contributor address; City; State; Zip Code [Redacted], Carrollton, TX 75006		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/6/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cole Ballweg	Amount of contribution (\$) \$100-
Contributor address; City; State; Zip Code [Redacted], Fort Worth, TX 76107		
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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 12/21
2 FILER NAME <i>Justin Chapa</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>1/6/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Carl Cravens</i>	7 Amount of contribution (\$) <i>\$100-</i>
	6 Contributor address; City; State; Zip Code [Redacted] <i>Arlington, TX 76013</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>1/6/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Stephanie Killian</i>	Amount of contribution (\$) <i>\$100-</i>
	Contributor address; City; State; Zip Code [Redacted] <i>Hoboken, NJ 07030</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>1/6/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jay Smith</i>	Amount of contribution (\$) <i>\$100-</i>
	Contributor address; City; State; Zip Code [Redacted] <i>Washington D.C., 20010</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>1/6/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Anne Foley</i>	Amount of contribution (\$) <i>\$100-</i>
	Contributor address; City; State; Zip Code [Redacted] <i>South Boston Grafton, MA 01560</i>	
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

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: 13/21
2 FILER NAME Justin Chapo		3 Filer ID (Ethics Commission Filers)
4 Date 1/6/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lela Manning	7 Amount of contribution (\$) \$25-
6 Contributor address; City; State; Zip Code [Redacted], Arlington, TX 76014		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/6/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William van der Touw	Amount of contribution (\$) \$100-
Contributor address; City; State; Zip Code [Redacted], Hoboken, NJ 07030		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/6/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christine Walton	Amount of contribution (\$) \$100-
Contributor address; City; State; Zip Code [Redacted], Arlington, TX 76001		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/6/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eve Spayd	Amount of contribution (\$) \$500-
Contributor address; City; State; Zip Code [Redacted], Elgin, TX 78621		
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

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: 14/61
2 FILER NAME Justin Chapa		3 Filer ID (Ethics Commission Filers)
4 Date 1/6/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monica and Marcello Chapa	7 Amount of contribution (\$) \$100-
6 Contributor address; City; State; Zip Code [REDACTED], Enless, Tx 76040		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/6/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Javier Najera	Amount of contribution (\$) \$50-
Contributor address; City; State; Zip Code [REDACTED], Arlington, TX 76012		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/6/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clay Starr	Amount of contribution (\$) \$100-
Contributor address; City; State; Zip Code [REDACTED], Arlington, TX 76017		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/6/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greg England	Amount of contribution (\$) \$1,000-
Contributor address; City; State; Zip Code [REDACTED], Dallas, TX 75225		
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

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: 15/21
2 FILER NAME Justin Chapa		3 Filer ID (Ethics Commission Filers)
4 Date 1/6/22	5 Full name of contributor Blake Hill <input type="checkbox"/> out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code [REDACTED], Yantis, TX 75497	7 Amount of contribution (\$) \$250-
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/6/22	Full name of contributor Colleen Crocher <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code [REDACTED], Arlington, TX 76013	Amount of contribution (\$) \$25-
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/6/22	Full name of contributor Jamie Williams <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code [REDACTED], Pantego, TX 76013	Amount of contribution (\$) \$50-
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/7/22	Full name of contributor Lisa Holder <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code [REDACTED], Kennedale, TX 76060	Amount of contribution (\$) \$25-
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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: 16/21
2 FILER NAME Justin Chapa		3 Filer ID (Ethics Commission Filers)
4 Date 1/7/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dr. Allison Farrell	7 Amount of contribution (\$) \$150-
6 Contributor address; City; State; Zip Code [REDACTED], Arlington, TX 76017		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/7/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jose Villarreal	Amount of contribution (\$) \$100-
Contributor address; City; State; Zip Code [REDACTED], Houston, TX 77018		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/7/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nikki Mohamed-Fawzy	Amount of contribution (\$) \$25-
Contributor address; City; State; Zip Code [REDACTED], Arlington, TX 76012		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/7/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abigail Noebels	Amount of contribution (\$) \$250-
Contributor address; City; State; Zip Code [REDACTED], Houston, TX 77006		
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

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: 17/21
2 FILER NAME Justin Chapa		3 Filer ID (Ethics Commission Filers)
4 Date 1/7/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clay Kelley	7 Amount of contribution (\$) \$ 250 -
6 Contributor address; City; State; Zip Code [REDACTED], Arlington, TX 76013		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/7/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melissa Lavine	Amount of contribution (\$) \$ 100 -
Contributor address; City; State; Zip Code [REDACTED], Arlington, TX 76013		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/7/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Larry Curry	Amount of contribution (\$) \$ 50 -
Contributor address; City; State; Zip Code [REDACTED], Arlington, TX 76017		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/7/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Susan Simpson	Amount of contribution (\$) \$ 250 -
Contributor address; City; State; Zip Code [REDACTED], Arlington, TX 76016		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 Chapar		3 Filer ID (Ethics Commission Filers)
4 Date 1/7/22	5 Full name of contributor Whitney Simpson <input type="checkbox"/> out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code [REDACTED], Arlington, TX 76016	7 Amount of contribution (\$) \$100-
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/7/22	Full name of contributor Mary Birdseye - Dawthitt <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code [REDACTED], Arlington, TX 76013	Amount of contribution (\$) \$10-
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/8/22	Full name of contributor Randy Hendricks <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code [REDACTED], Arlington, TX 76015	Amount of contribution (\$) \$50-
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/8/22	Full name of contributor James Williams <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code [REDACTED], San Jose, CA 95125	Amount of contribution (\$) \$250-
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

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: 19/21
2 FILER NAME Justin Chapa		3 Filer ID (Ethics Commission Filers)
4 Date 1/9/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Teresa and Terry Gaines	7 Amount of contribution (\$) \$100 -
6 Contributor address; City; State; Zip Code [REDACTED], Arlington, TX 76012		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/9/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erika Beltran	Amount of contribution (\$) \$100 -
Contributor address; City; State; Zip Code [REDACTED], Fort Worth, TX 76107		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/10/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Victor Cruz	Amount of contribution (\$) \$1,000 -
Contributor address; City; State; Zip Code [REDACTED], Plano, TX 75024		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/10/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chris Hightower	Amount of contribution (\$) \$500 -
Contributor address; City; State; Zip Code [REDACTED], Arlington, TX 76006		
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

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: 20/21
2 FILER NAME Justin Chapa		3 Filer ID (Ethics Commission Filers)
4 Date 1/10/22	5 Full name of contributor Dan Micciche <input type="checkbox"/> out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code [REDACTED] Dallas, TX 75218	7 Amount of contribution (\$) \$500-
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/11/22	Full name of contributor Patrick Elza <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code [REDACTED] Arlington, TX 76017	Amount of contribution (\$) \$50-
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/11/22	Full name of contributor Yasmin Simon <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code [REDACTED] Dallas, TX 75205	Amount of contribution (\$) \$500-
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/11/22	Full name of contributor Claire Kugler <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code [REDACTED] Bellaire, TX 77401	Amount of contribution (\$) \$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

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: 21/21
2 FILER NAME Justin Chapa		3 Filer ID (Ethics Commission Filers)
4 Date 1/11/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheila Armstrong	7 Amount of contribution (\$) \$100 -
6 Contributor address; City; State; Zip Code <div style="background-color: black; width: 200px; height: 20px; display: inline-block;"></div> Dallas, TX 75201		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/12/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Lewis	Amount of contribution (\$) \$250 -
Contributor address; City; State; Zip Code <div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div> Kentfield, CA 94904		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: <u>1</u>	
2 FILER NAME <u>Justin Chapa</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Beyond the Blue Studios</u>	8 Amount of Contribution \$ <u>8400</u>	9 In-kind contribution description <u>Photos</u>
7 Contributor address; City; State; Zip Code <u>4111 Vista Creek Ct., Arlington, TX 76016</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	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
		<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

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

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: 1/4	2 FILER NAME Justin Chapa	3 Filer ID (Ethics Commission Filers)
4 Date 7/12/21	5 Payee name Anedot, Inc.	
6 Amount (\$) \$1.30	7 Payee address; City; State; Zip Code 1340 Poydras St., Suite 1770, New Orleans, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation / Fundraising Expense	(b) Description Fees to online fundraising vendor
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

Date 7/20/21	Payee name Anedot, Inc.	
Amount (\$) \$4.30	Payee address; City; State; Zip Code 1340 Poydras St., Suite 1770, New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation / Fundraising Expense	Description Fees to online fundraising vendor
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

Date 8/23/21	Payee name Anedot, Inc.	
Amount (\$) \$23.30	Payee address; City; State; Zip Code 1340 Poydras St., Suite 1770, New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation / Fundraising Expense	Description Fees to online fundraising vendor
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 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: 2/4	2 FILER NAME Justin Chapa	3 Filer ID (Ethics Commission Filers)
4 Date 9/6/21	5 Payee name Anedot, Inc.	
6 Amount (\$) \$1.30	7 Payee address; City; State; Zip Code 1340 Poydras St., Suite 1770, New Orleans, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation / Fundraising Expense	(b) Description Fees to online Fundraising Vendor
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 9/13/21	Payee name Anedot, Inc.	
Amount (\$) \$20.30	Payee address; City; State; Zip Code 1340 Poydras St., Suite 1770, New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation / Fundraising Expense	Description Fees to online Fundraising Vendor
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 10/12/21	Payee name Anedot, Inc.	
Amount (\$) \$4.30	Payee address; City; State; Zip Code 1340 Poydras St., Suite 1770, New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation / Fundraising Expense	Description Fees to online Fundraising Vendor
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

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 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: 3/4	2 FILER NAME Justin Chapa	3 Filer ID (Ethics Commission Filers)
4 Date 10/9/21	5 Payee name Dallas Hispanic Bar Assoc.	
6 Amount (\$) \$266.85	7 Payee address; 2101 Ross Ave., Dallas, TX 75201	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Donation by officeholder	(b) Description Charitable contribution for Niche de Luz event
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12/31/21	Payee name Anedot, Inc.	
Amount (\$) \$53.50	Payee address; 1340 Poydras St., Suite 1770, New Orleans, LA 70112	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	Description Fees to online fundraising vendor
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 1/6/22	Payee name Anedot, Inc.	
Amount (\$) \$59.80	Payee address; 1340 Poydras St., Suite 1770, New Orleans, LA 70112	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation / Fundraising Expense	Description Fees to online fundraising vendor
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 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: 4/4	2 FILER NAME Justin Chapa	3 Filer ID (Ethics Commission Filers)
4 Date 1/8/22	5 Payee name Anedot, Inc.	
6 Amount (\$) \$176.10	7 Payee address; City; State; Zip Code 1340 Poydras St., Suite 1770, New Orleans, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation / Fundraising Expense	(b) Description Fees to online fundraising Vendor
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 1/10/22	Payee name Anedot, Inc.	
Amount (\$) \$121.20	Payee address; City; State; Zip Code 1340 Poydras St., Suite 1770, New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation / Fundraising Expense	Description Fees to online fundraising Vendor
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 1/13/22	Payee name Anedot, Inc.	
Amount (\$) \$122.40	Payee address; City; State; Zip Code 1340 Poydras St., Suite 1770, New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation / Fundraising Expense	Description Fees to online fundraising Vendor
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED